

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2501**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Marie Smith		2. DATE OF DEATH 3-8-82	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 18-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) Balto.	
5. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1048 W. Fayette St	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 27, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69
13. FATHER'S NAME Alfred Wiggins		11. BIRTHPLACE (State or foreign country) Kilmonark Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Cecilia	
17. INFORMANT Norman Young		ADDRESS Saratoga St 1123 W	

18. **331X** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Cerebrovascular Accident** DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

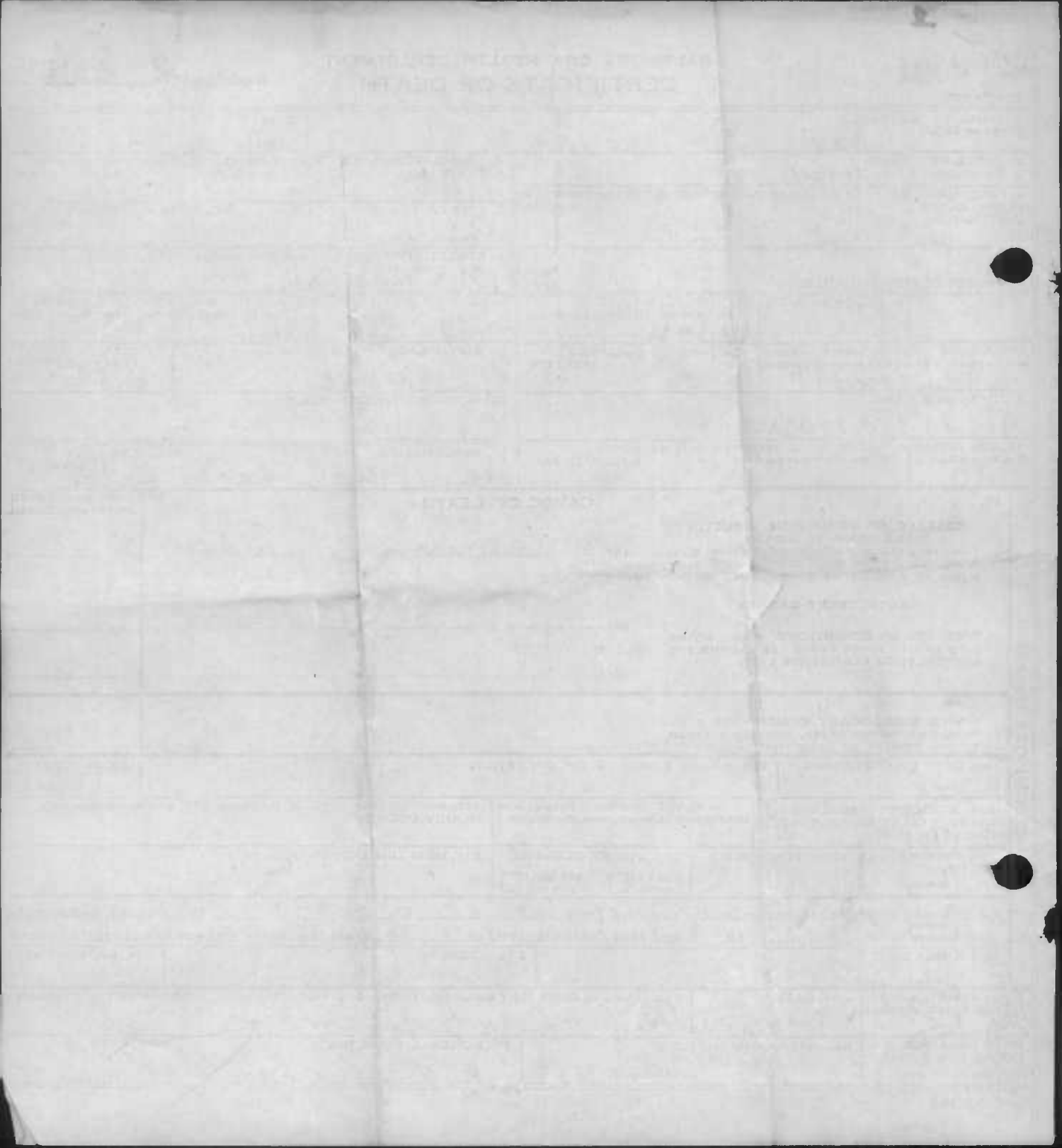
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-8**, 19**52**, to **3-8**, 19**52**, that I last saw the deceased alive on **3-8**, 19**52**, and that death occurred at **12 Noon**, from the causes and on the date stated above.

23A. SIGNATURE **Joseph C. Fitzgerald** M. D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **3-8-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 13 52	24C. NAME OF CEMETERY OR CREMATORY W. H. Harrison Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. H. Harrison ADDRESS 71 Schomberg St	



512
52 2502BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2502

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nettie E. Thompson

2. DATE
OF
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3520 N. Hill Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Calhoun Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-19

C. Length of stay in Baltimore 9 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5821 Highgate Drive

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 19

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Dakota

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Keen

14. MOTHER'S MAIDEN NAME

Bernie Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

503-12742

17. INFORMANT

ADDRESS

Mrs. Darrell Finkline 5821 Highgate

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 1/2 y.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Left Hemiplegia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertension - vascular Hypertension 10 yrs.
Atherosclerosis 10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

at least 4 1/2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/8, 1948, to 3/9, 1952, that I last saw the deceased alive on 3/9, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 14, 1952

Druid Ridge

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1952

Loring Sykes 5005 Ph. Hyattsville

VS 15

MAR 13 1952

0582500

MEDICAL CERTIFICATION

Dr.

2212 South Rd.

620

52 2503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2503

1. NAME OF DECEASED
(Type or Print)

Elizabeth Dorsey

2. DATE
OF
DEATH

2-5-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Prominent Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Fe

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-27-1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Arteriosclerotic heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-1952 to 2-5-1952, that I last saw the
deceased alive on 2-5-1952, and that death occurred at 2:05 p. m., from the causes and on the date stated above.

22A. SIGNATURE

C. H. B. Ford

22B. ADDRESS

Prominent Hosp.

22C. DATE SIGNED

2-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 26 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

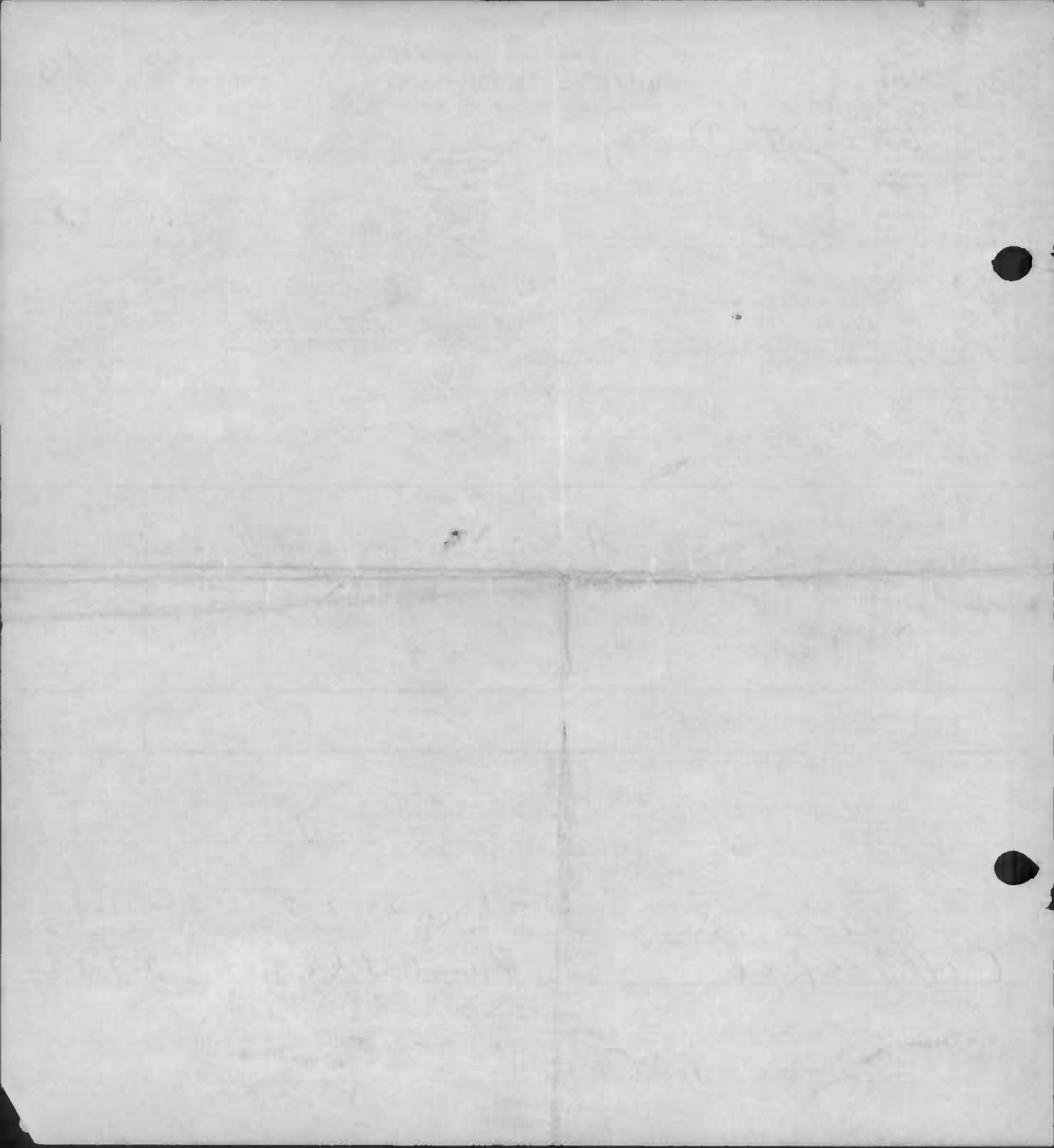
MAR 14 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

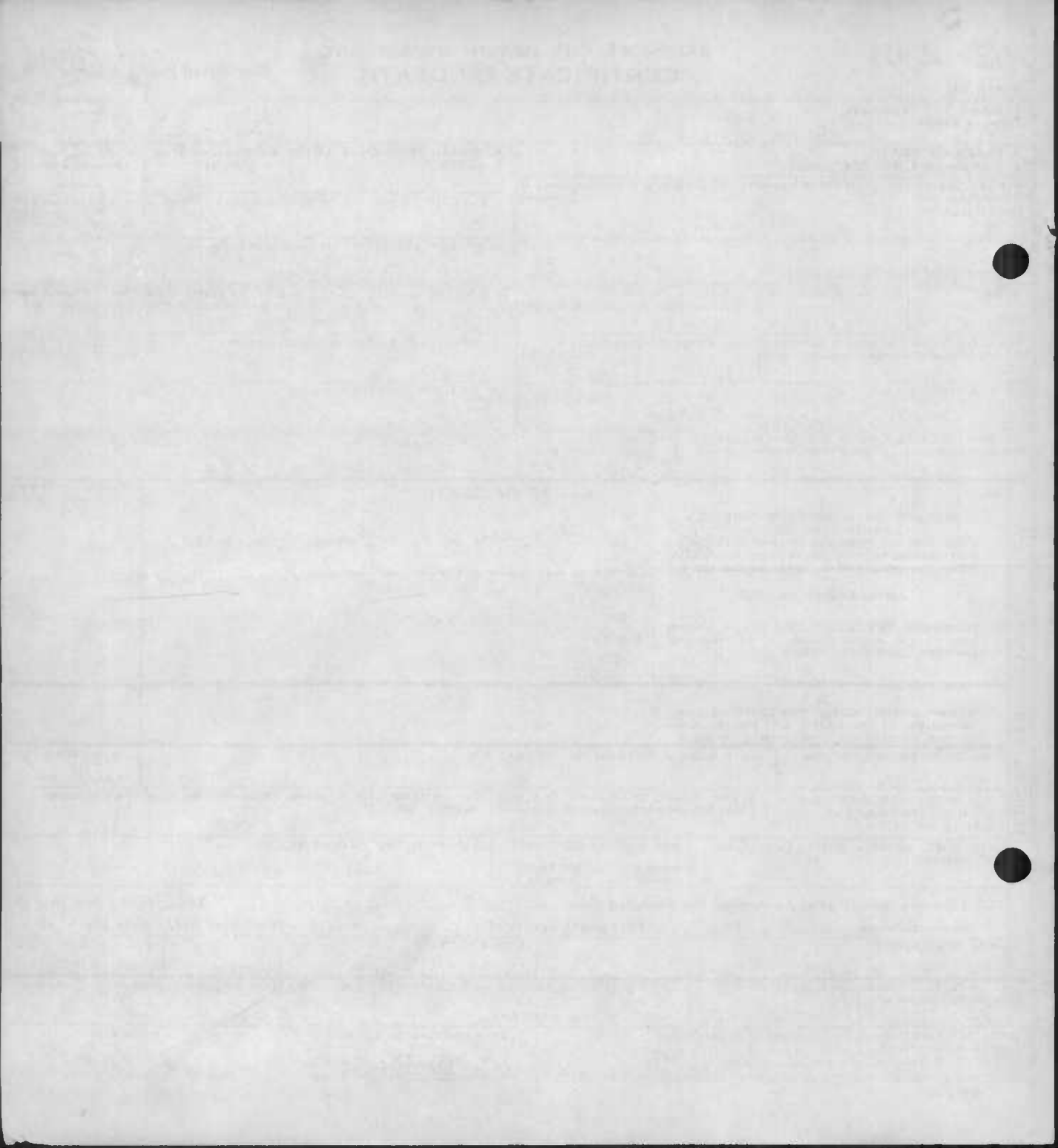
Registered No. **52 2504**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Elgert, Arthur Joseph</u>			2. DATE OF DEATH <u>March 12, 1952</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore #12</u> <u>27-10</u>		
d. Length of stay in Baltimore <u>Life</u>			e. STREET ADDRESS (If rural, give location) <u>609 Winston Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 18 1891</u>		9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired clerk</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Charles Conrad Elgert</u>			14. MOTHER'S MAIDEN NAME <u>Barbara R</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-07-1299</u>	17. INFORMANT ADDRESS <u>Hospital Record</u>		

18. <u>155X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Primary carcinoma liver</u> (A) _____ DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <u>October 2, 1951</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 7</u> , 1952, to <u>March 12</u> , 1952, that I last saw the deceased alive on <u>March 12 1952</u> and that death occurred at <u>10:35 am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>G. Joseph Krejci</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>March 12, 1952</u>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar 15 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) <u>Ballo, Ind</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 14 1952</u>			
24F. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		24G. FUNERAL DIRECTOR ADDRESS <u>W. H. Venturian, Son & Co 4905 York Rd</u>			



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52 2505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2505

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles H. Schofield

2. DATE
OF
DEATH

3-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

370 MARYDELL RD

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. SEX

MALE White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

370 MARYDELL RD

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MEAT CUTTER RET

10B. KIND OF BUSINESS OR INDUSTRY

WHOLESALE

8. DATE OF BIRTH

11-29-1887

9. AGE (in years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ellsworth Schofield

14. MOTHER'S MAIDEN NAME

Mary Demitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

WY-01-671X

17. INFORMANT

LILLIAN M. Schofield 370 MARYDELL RD

ADDRESS

18. 179x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatous

DUE TO

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Penis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1948 to 2/13, 1952, that I last saw the deceased alive on 2/12, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Crowther M. D.

23B. ADDRESS

4209 Ind. Ave

23C. DATE SIGNED

2/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-17-52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1205 H St. B. M. Walters

ADDRESS

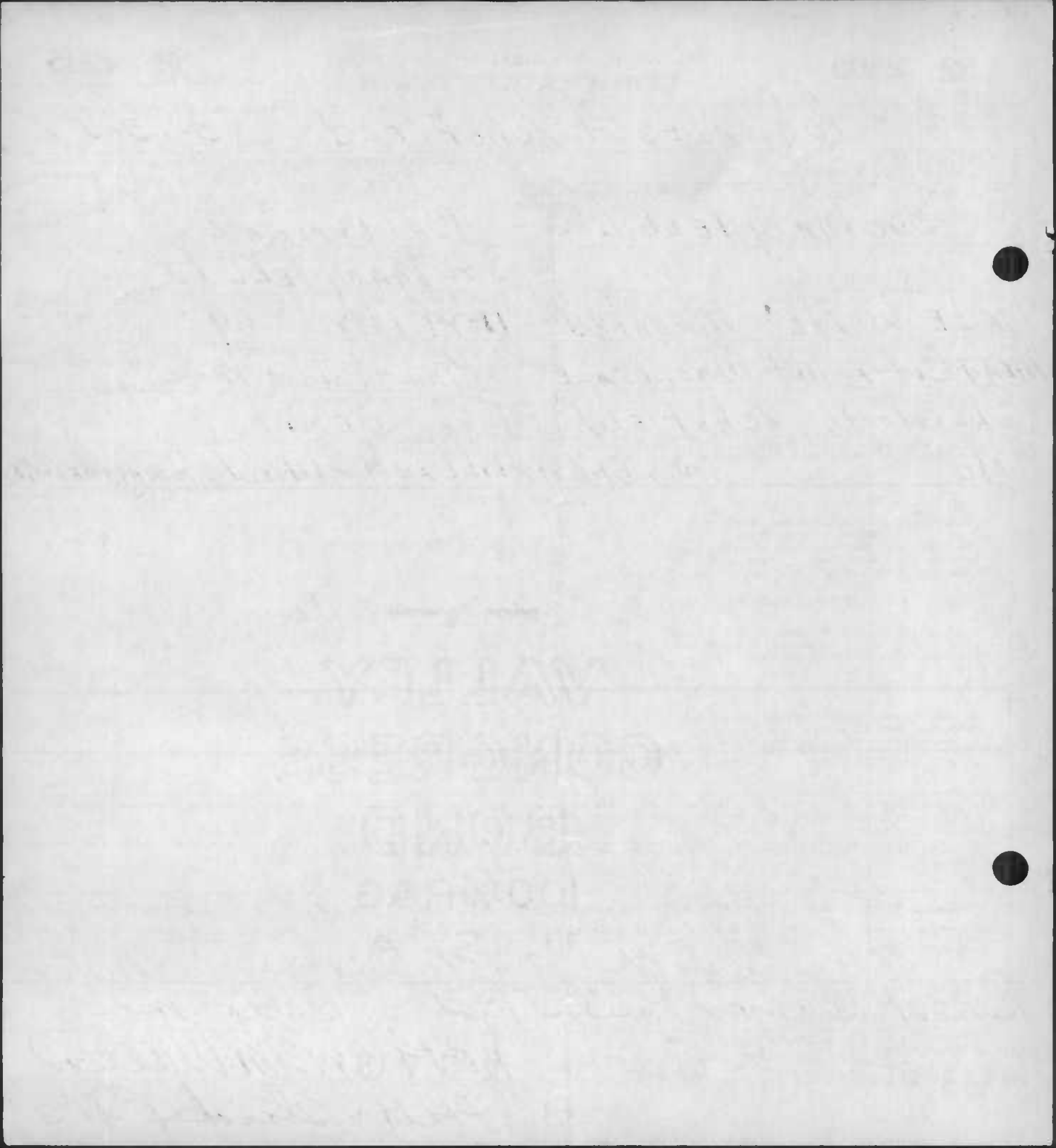
MAR 14 1952

VS 150

690 63

Pratt & Stricker

MEDICAL CERTIFICATION



352
52 2506BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2506
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Herbert L. Stinchcomb</i>		2. DATE OF DEATH <i>March 13, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>21-02</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. 1252 Carroll Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1252 Carroll St</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr 27, 1888</i>
9. AGE (In years, last birthday) <i>63</i>		10. Under 1 Year Months: Days: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Drill Press Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Beth. Steel Co.</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF <i>U.S.A.</i>	
13. FATHER'S NAME <i>James B. Stinchcomb</i>		14. MOTHER'S MAIDEN NAME <i>Anna G. Swan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>214-05-3124</i>	
17. INFORMANT <i>Mrs. Myrtle Stinchcomb</i>		ADDRESS <i>Same</i>	

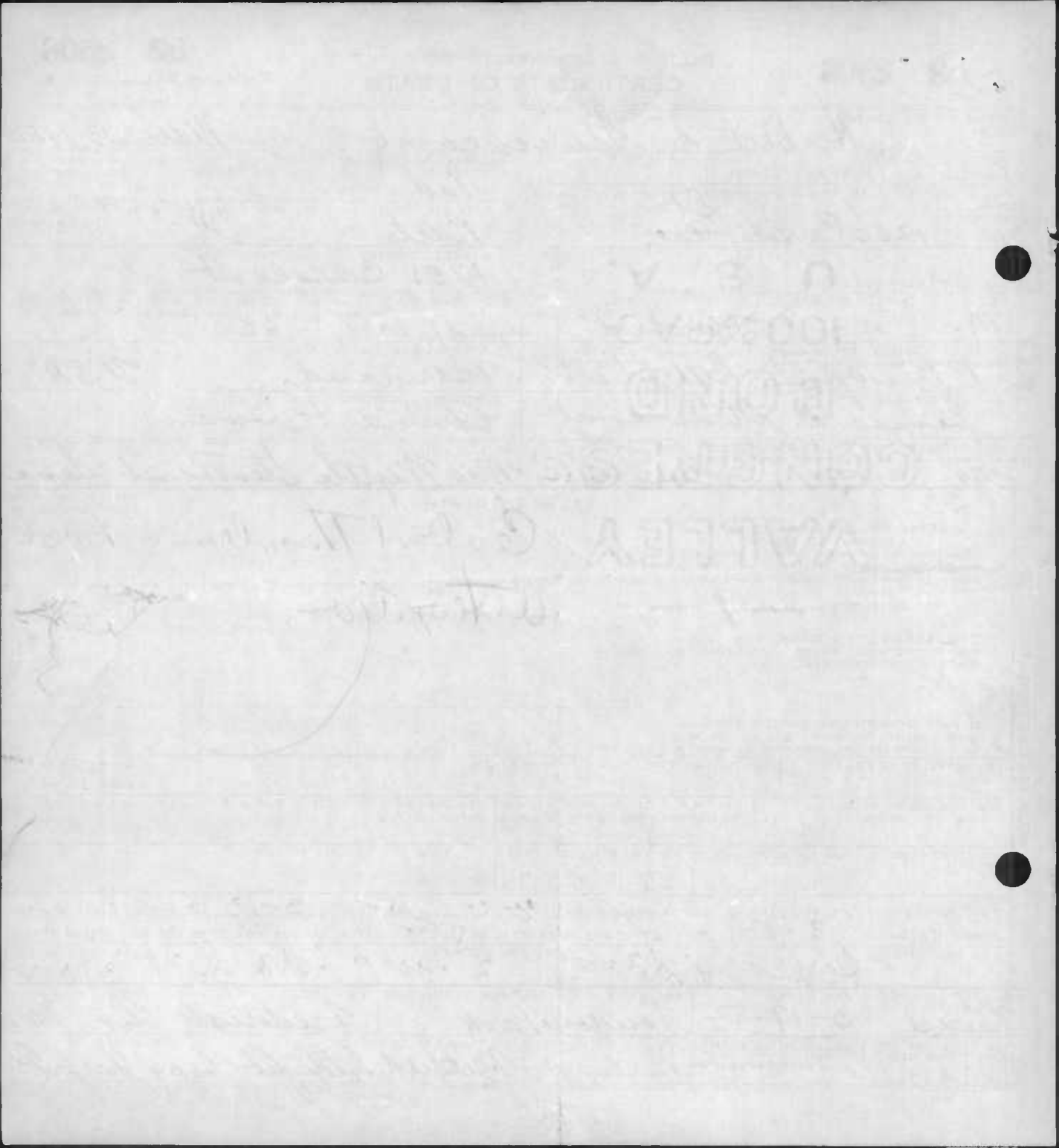
18. <i>332X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) <i>Cerebral Thrombosis</i>		
DUE TO		
(B) <i>Atherosclerosis</i>		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-15*, 19*52*, to *3-13*, 19*52*, that I last saw the deceased alive on *3-13*, 19*52*, and that death occurred at *8:00* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James G. Hall</i>	23b. ADDRESS <i>2700 N. Charles St.</i>	23c. DATE SIGNED <i>3/13/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-17-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24d. LOCATION (City, town, or county) (State) <i>Frederick Ave. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>McMullen J. Blight</i>	ADDRESS <i>6009 Harbor</i>



TO BE APPROVED BY MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2507

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bruder, Michael F.

2. DATE

OF DEATH March 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore #31

D. STREET ADDRESS (If rural, give location)

1819 E. Fayette Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

SEPT 4 1877

9. AGE (In years

last birthday)

74

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

SELF

10B. KIND OF BUSINESS OR INDUSTRY

PRODUCE BUSINESS

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK BRUDER.

14. MOTHER'S MAIDEN NAME

MAGDALEN WAGNER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MADELINE KOHLES 529 N LAKEWOOD AVE

18. 331X and E 902.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

90000

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Senility

CERTIFICATION APPROVED BY
B. F. Miller M.D.
CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture, left hip

19A. DATE OF OPERATION

December 27, 1951

19B. MAJOR FINDINGS OF OPERATION

Insertion of Smith-Petersen Pin to left hip

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Lombard & Wolfe St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

December 17, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from a high curb

22. I hereby certify that I attended the deceased from December 24, 1951 to March 13, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

March 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR 17 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BEL AIR RD MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

1800 E LOMBARD ST.

VS 150

N-820.0

2906A

MEDICAL CERTIFICATION

Correct age is especially important. In infants, please write the cause of death clearly and legibly.

STATE OF NEW YORK

1911

IN SENATE
JANUARY 11, 1911.
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO A
RESOLUTION PASSED BY THE SENATE
MAY 1, 1909.
ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS.
1911.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2508
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY Elizabeth Schaufler

2. DATE
OF
DEATH

MAR 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

16 N. Washington St.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

1-23-71

9. AGE (In years last birthday)

81

It Under 1 Year Months: Days

It Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOACHIM SCHAUFLEER

14. MOTHER'S MAIDEN NAME

ROSINA HIRNMEIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronothatic heart disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-3-*, 1952 to *3-13-*, 1952 that I last saw the deceased alive on *3-13-*, 1952, and that death occurred at *3:13 A* m., from the causes and on the date stated above.

23A. SIGNATURE

John Collins Harvey

M. D.

23B. *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

13/march 5

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR 15 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CH

24D. LOCATION (City, town, or county)

(State)

4430 BELAIR RD MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2 Gippel Broo. 1800 E LOMBARD ST

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1911

MARRIAGE		DIVORCE		DEATH	
No.	Name	No.	Name	No.	Name
1	John Doe	1	John Doe	1	John Doe
2	Jane Smith	2	Jane Smith	2	Jane Smith
3	Robert Brown	3	Robert Brown	3	Robert Brown
4	Mary White	4	Mary White	4	Mary White
5	William Black	5	William Black	5	William Black
6	Elizabeth Green	6	Elizabeth Green	6	Elizabeth Green
7	Thomas Grey	7	Thomas Grey	7	Thomas Grey
8	Sarah Hall	8	Sarah Hall	8	Sarah Hall
9	James King	9	James King	9	James King
10	Anna Lee	10	Anna Lee	10	Anna Lee
11	Charles Miller	11	Charles Miller	11	Charles Miller
12	Frances Moore	12	Frances Moore	12	Frances Moore
13	George Taylor	13	George Taylor	13	George Taylor
14	Lucy Wilson	14	Lucy Wilson	14	Lucy Wilson
15	Henry Young	15	Henry Young	15	Henry Young
16	Isabella Zane	16	Isabella Zane	16	Isabella Zane
17	Samuel Adams	17	Samuel Adams	17	Samuel Adams
18	Margaret Baker	18	Margaret Baker	18	Margaret Baker
19	Benjamin Clark	19	Benjamin Clark	19	Benjamin Clark
20	Rebecca Evans	20	Rebecca Evans	20	Rebecca Evans
21	Jonathan Foster	21	Jonathan Foster	21	Jonathan Foster
22	Abigail Gibson	22	Abigail Gibson	22	Abigail Gibson
23	Samuel Harris	23	Samuel Harris	23	Samuel Harris
24	Elizabeth Jones	24	Elizabeth Jones	24	Elizabeth Jones
25	Thomas King	25	Thomas King	25	Thomas King
26	Mary Lee	26	Mary Lee	26	Mary Lee
27	William Miller	27	William Miller	27	William Miller
28	Anna Moore	28	Anna Moore	28	Anna Moore
29	Charles Taylor	29	Charles Taylor	29	Charles Taylor
30	Lucy Wilson	30	Lucy Wilson	30	Lucy Wilson
31	Henry Young	31	Henry Young	31	Henry Young
32	Isabella Zane	32	Isabella Zane	32	Isabella Zane
33	Samuel Adams	33	Samuel Adams	33	Samuel Adams
34	Margaret Baker	34	Margaret Baker	34	Margaret Baker
35	Benjamin Clark	35	Benjamin Clark	35	Benjamin Clark
36	Rebecca Evans	36	Rebecca Evans	36	Rebecca Evans
37	Jonathan Foster	37	Jonathan Foster	37	Jonathan Foster
38	Abigail Gibson	38	Abigail Gibson	38	Abigail Gibson
39	Samuel Harris	39	Samuel Harris	39	Samuel Harris
40	Elizabeth Jones	40	Elizabeth Jones	40	Elizabeth Jones
41	Thomas King	41	Thomas King	41	Thomas King
42	Mary Lee	42	Mary Lee	42	Mary Lee
43	William Miller	43	William Miller	43	William Miller
44	Anna Moore	44	Anna Moore	44	Anna Moore
45	Charles Taylor	45	Charles Taylor	45	Charles Taylor
46	Lucy Wilson	46	Lucy Wilson	46	Lucy Wilson
47	Henry Young	47	Henry Young	47	Henry Young
48	Isabella Zane	48	Isabella Zane	48	Isabella Zane
49	Samuel Adams	49	Samuel Adams	49	Samuel Adams
50	Margaret Baker	50	Margaret Baker	50	Margaret Baker
51	Benjamin Clark	51	Benjamin Clark	51	Benjamin Clark
52	Rebecca Evans	52	Rebecca Evans	52	Rebecca Evans
53	Jonathan Foster	53	Jonathan Foster	53	Jonathan Foster
54	Abigail Gibson	54	Abigail Gibson	54	Abigail Gibson
55	Samuel Harris	55	Samuel Harris	55	Samuel Harris
56	Elizabeth Jones	56	Elizabeth Jones	56	Elizabeth Jones
57	Thomas King	57	Thomas King	57	Thomas King
58	Mary Lee	58	Mary Lee	58	Mary Lee
59	William Miller	59	William Miller	59	William Miller
60	Anna Moore	60	Anna Moore	60	Anna Moore
61	Charles Taylor	61	Charles Taylor	61	Charles Taylor
62	Lucy Wilson	62	Lucy Wilson	62	Lucy Wilson
63	Henry Young	63	Henry Young	63	Henry Young
64	Isabella Zane	64	Isabella Zane	64	Isabella Zane
65	Samuel Adams	65	Samuel Adams	65	Samuel Adams
66	Margaret Baker	66	Margaret Baker	66	Margaret Baker
67	Benjamin Clark	67	Benjamin Clark	67	Benjamin Clark
68	Rebecca Evans	68	Rebecca Evans	68	Rebecca Evans
69	Jonathan Foster	69	Jonathan Foster	69	Jonathan Foster
70	Abigail Gibson	70	Abigail Gibson	70	Abigail Gibson
71	Samuel Harris	71	Samuel Harris	71	Samuel Harris
72	Elizabeth Jones	72	Elizabeth Jones	72	Elizabeth Jones
73	Thomas King	73	Thomas King	73	Thomas King
74	Mary Lee	74	Mary Lee	74	Mary Lee
75	William Miller	75	William Miller	75	William Miller
76	Anna Moore	76	Anna Moore	76	Anna Moore
77	Charles Taylor	77	Charles Taylor	77	Charles Taylor
78	Lucy Wilson	78	Lucy Wilson	78	Lucy Wilson
79	Henry Young	79	Henry Young	79	Henry Young
80	Isabella Zane	80	Isabella Zane	80	Isabella Zane
81	Samuel Adams	81	Samuel Adams	81	Samuel Adams
82	Margaret Baker	82	Margaret Baker	82	Margaret Baker
83	Benjamin Clark	83	Benjamin Clark	83	Benjamin Clark
84	Rebecca Evans	84	Rebecca Evans	84	Rebecca Evans
85	Jonathan Foster	85	Jonathan Foster	85	Jonathan Foster
86	Abigail Gibson	86	Abigail Gibson	86	Abigail Gibson
87	Samuel Harris	87	Samuel Harris	87	Samuel Harris
88	Elizabeth Jones	88	Elizabeth Jones	88	Elizabeth Jones
89	Thomas King	89	Thomas King	89	Thomas King
90	Mary Lee	90	Mary Lee	90	Mary Lee
91	William Miller	91	William Miller	91	William Miller
92	Anna Moore	92	Anna Moore	92	Anna Moore
93	Charles Taylor	93	Charles Taylor	93	Charles Taylor
94	Lucy Wilson	94	Lucy Wilson	94	Lucy Wilson
95	Henry Young	95	Henry Young	95	Henry Young
96	Isabella Zane	96	Isabella Zane	96	Isabella Zane
97	Samuel Adams	97	Samuel Adams	97	Samuel Adams
98	Margaret Baker	98	Margaret Baker	98	Margaret Baker
99	Benjamin Clark	99	Benjamin Clark	99	Benjamin Clark
100	Rebecca Evans	100	Rebecca Evans	100	Rebecca Evans

530
52 2509BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2509

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christian Smith

2. DATE
OF
DEATH

MARCH 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1806 N. Chapel St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

2-22-78

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George F. Smith

14. MOTHER'S MAIDEN NAME

Katherine Vogel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 502.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carbon Dioxide Intoxication

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pneumonia
Emphysema, senile.

20 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute & Chronic Bronchitis

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10-1952 to 3-13-1952 that I last saw the
deceased alive on 3-13-1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-15-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Eugene W. Conklin

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2510**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY (A) DUFFY

2. DATE OF DEATH **MARCH 13, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR **Shriner Nursing Home** location) INSTITUTION

3220 HILTON ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-38

D. STREET ADDRESS (If rural, give location)

3220 Hilton St.

E. Length of stay in Baltimore

91 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

not known

9. AGE (In years, last birthday)

91

10 Under 1 Year 11 Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

PETER DUFFY

14. MOTHER'S MAIDEN NAME

MARY McGowan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mary E. Duffy 1007 Valley St.

ADDRESS

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Coronary infarction**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **General arteriosclerosis**
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3/10**, 19**52**, to **3/12**, 19**52**, that I last saw the deceased alive on **3/12**, 19**52**, and that death occurred at **6 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

A. H. Hornstein

23B. ADDRESS

204 E. Biddle St.

23C. DATE SIGNED

3/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 16, 52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore Md.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles W. Conklin 924 E. Eager

ADDRESS

correct as to reflecting important information. Please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE in years last birthday

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Mar 13, 1952, that I last saw the deceased alive on Mar 12, 1952, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

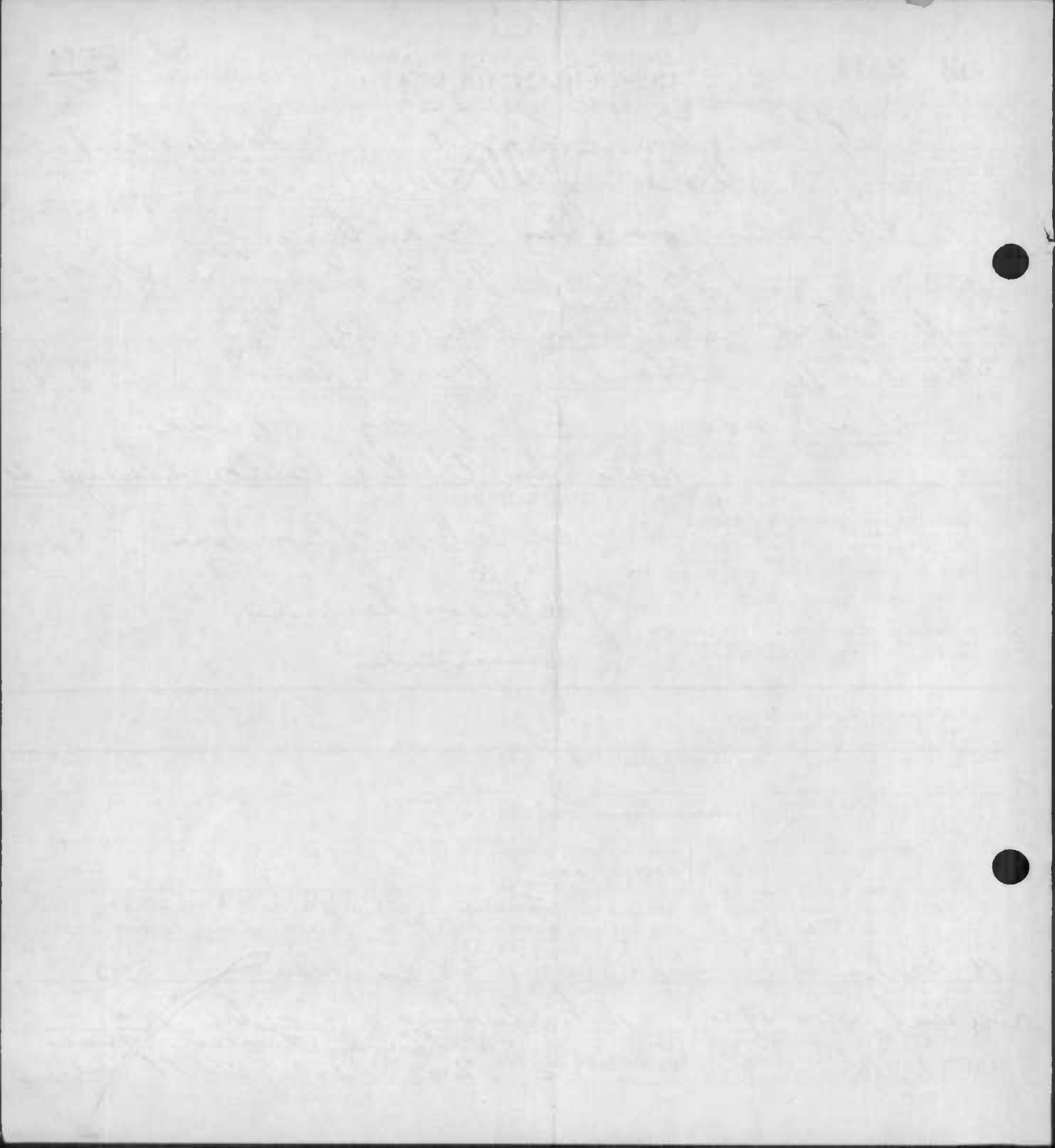
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2512
Registered No.

460
52 2512
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

TAYLOR

2. DATE
OF
DEATH

March 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

408 E. Lafayette Avenue

Yrs.
Mos.
Days

Length of stay in Baltimore

29 yrs.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 13, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Houseman

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

St. Mary Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dallas Taylor

14. MOTHER'S MAIDEN NAME

Alean Monroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

212-12-7256

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Marie Jackson Butterfield

18. 196x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Osteogenic sarcoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dunbar M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-14-1952

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Rest

24D. LOCATION (City, town, or county)

Lawson, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MARY 4 1952

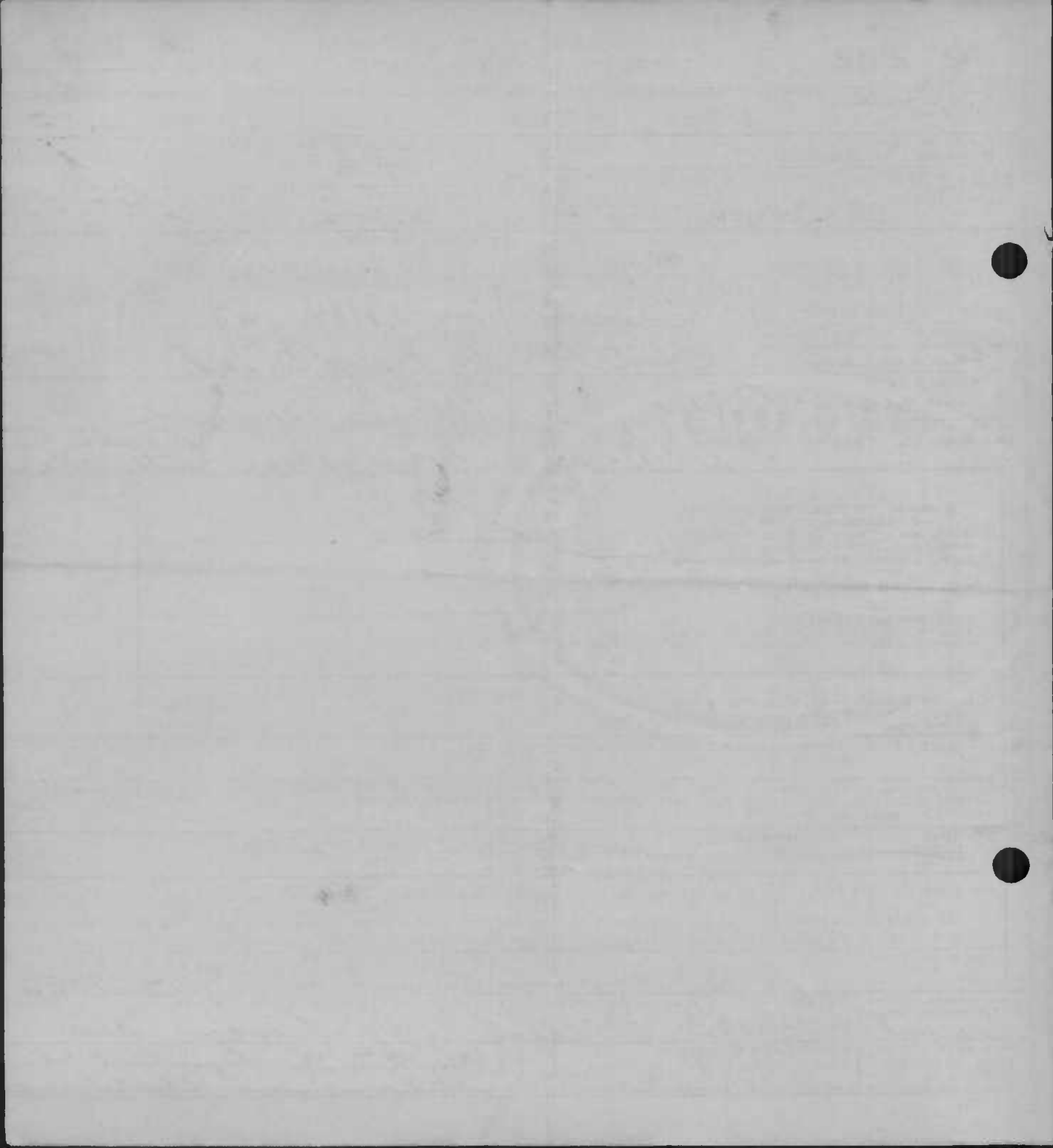
Huntington, Williams

25. FUNERAL DIRECTOR

Stallard Funeral Home

ADDRESS

1631 Daniel St. Baltimore



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2513

BIRTH NO. 52 2513

1. NAME OF DECEASED
(Type or Print)

BRADLEY J. SHAFER

2. DATE
OF
DEATH

March 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hosp

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND 1719 BELT ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1719 BELT ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

OCT 9-1873

9. AGE (in years
last birthday)

78

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PIPE FITTER

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. GOVERNMENT

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

EMMURIAL F. SHAFER

14. MOTHER'S MAIDEN NAME

LOUISA GRIMES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John E. Shaffer 1719 BELT ST

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 WK

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Infarct Unaided Extension

DUE TO

(C)

Arteriosclerosis

4 hrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 7, 1952 to March 13, 1952, that I last saw the
deceased alive on March 13, 1952, and that death occurred at 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Hon E. Shaffer

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3/15/52

WESTERN SEM

ELKAYE RD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

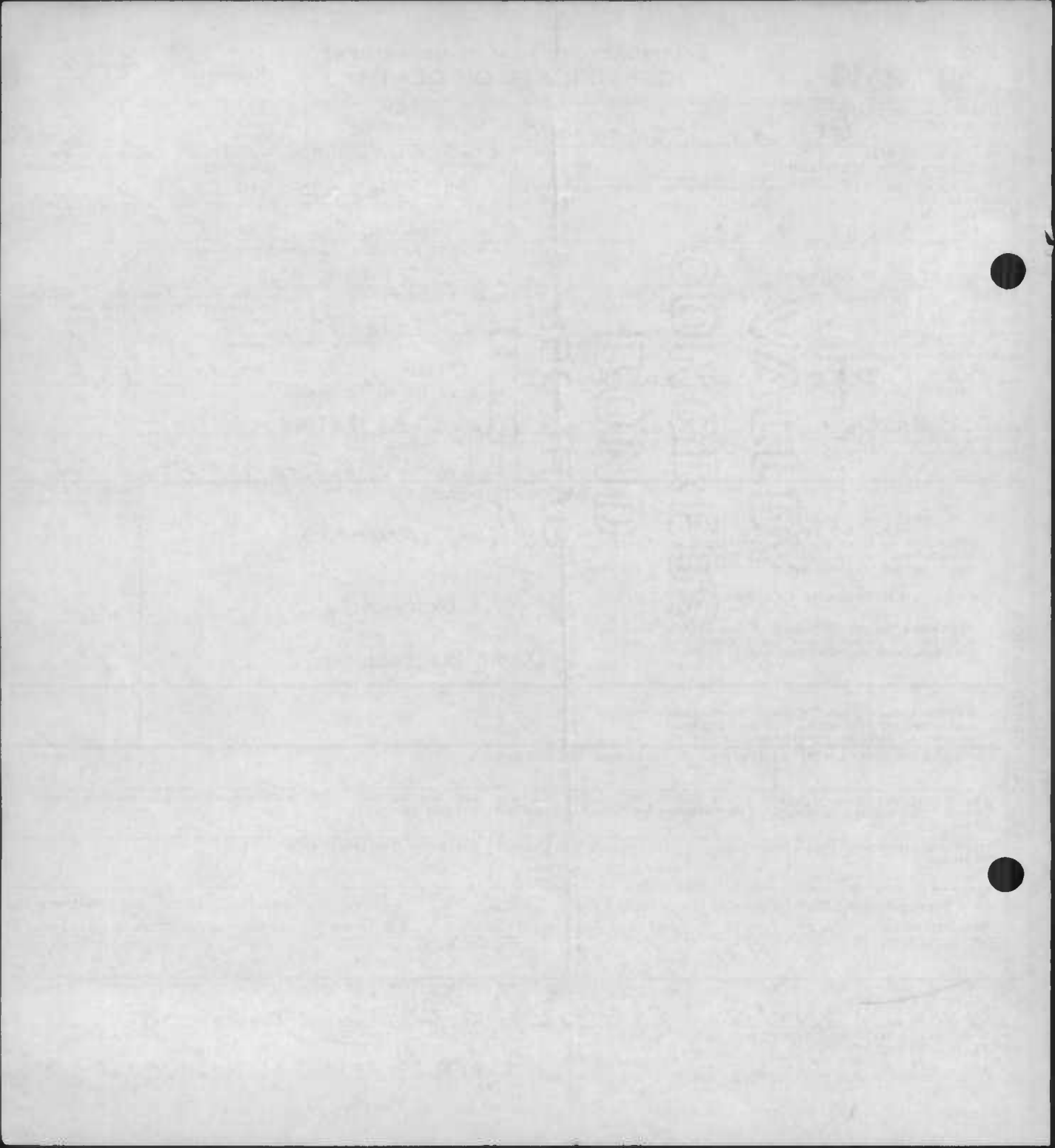
ADDRESS

MAR 14 1952

Huntington Williams

Chas A. Towell

2421 Calwoodson Rd



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EVELYN R OLIVER

2. DATE
OF
DEATH

MAR 12, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

md 14-01
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto

D. STREET ADDRESS (If rural, give location)

834 Hampson St

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. wife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

1920

9. AGE (In years, last birthday)

32

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

BISHOP LATHAM

14. MOTHER'S MAIDEN NAME

LOUISE GAINES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS 834

Leonard Oliver Hampson St

18. 446x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) PERIPHERAL VASCULAR COLLAPSE
DUE TO FOLLOWING SUBTOTAL
ADRENALACTOMY, BILAT.
(B) BENIGN NEPHROSCLEROSIS +
DUE TO UREMIA
(C) ESSENTIAL HYPERTENSION, MALIC -
NANT PHASE

5 HRS
2 WKS
2 MOS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/12/52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/52, 19, to 3/12/52, 19, that I last saw the deceased alive on 3/4/52, 19, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Mosser M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

March 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

mt Auburn Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. Kelson 1303

Priestman St

MEDICAL CERTIFICATION

correct age is especially important. If any seems, please write the causes of death clearly and legibly.

INSTITUTE OF DEATH

DATE OF DEATH

TIME OF DEATH

13562 2515

52 2515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EUGENE A. STEINERT

2. DATE
OF
DEATH

March 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 503 N. Luzerne Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

Length of stay in Baltimore

70 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

503 N. Luzerne Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 21, 1877

9. AGE (in years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired - watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Rustless Iron & Steel

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard O. Steinert

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Henry R. Steinert, son, above

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Hypertensive C.V. disease

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Hemiplegia

9 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/49, 19, to 3/11/52, 19, that I last saw the
deceased alive on 3/11/52, 19, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Mar. 15, 1952

Baltimore Cemetery

North Ave. & Rose St. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1952

Huntington Halligan, M.D.

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

March 17, 1922

Robert J. Johnson

SON OF J. JOHNSON

60 years

husband

with

residence - 1081 1/2 Ave. C, Albany, N. Y.

Married 1. January

Married at Albany, N. Y.

and family

WILLIAM
JOHNSON
1081 1/2
AVE. C
ALBANY, N. Y.

March 12, 1922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2516

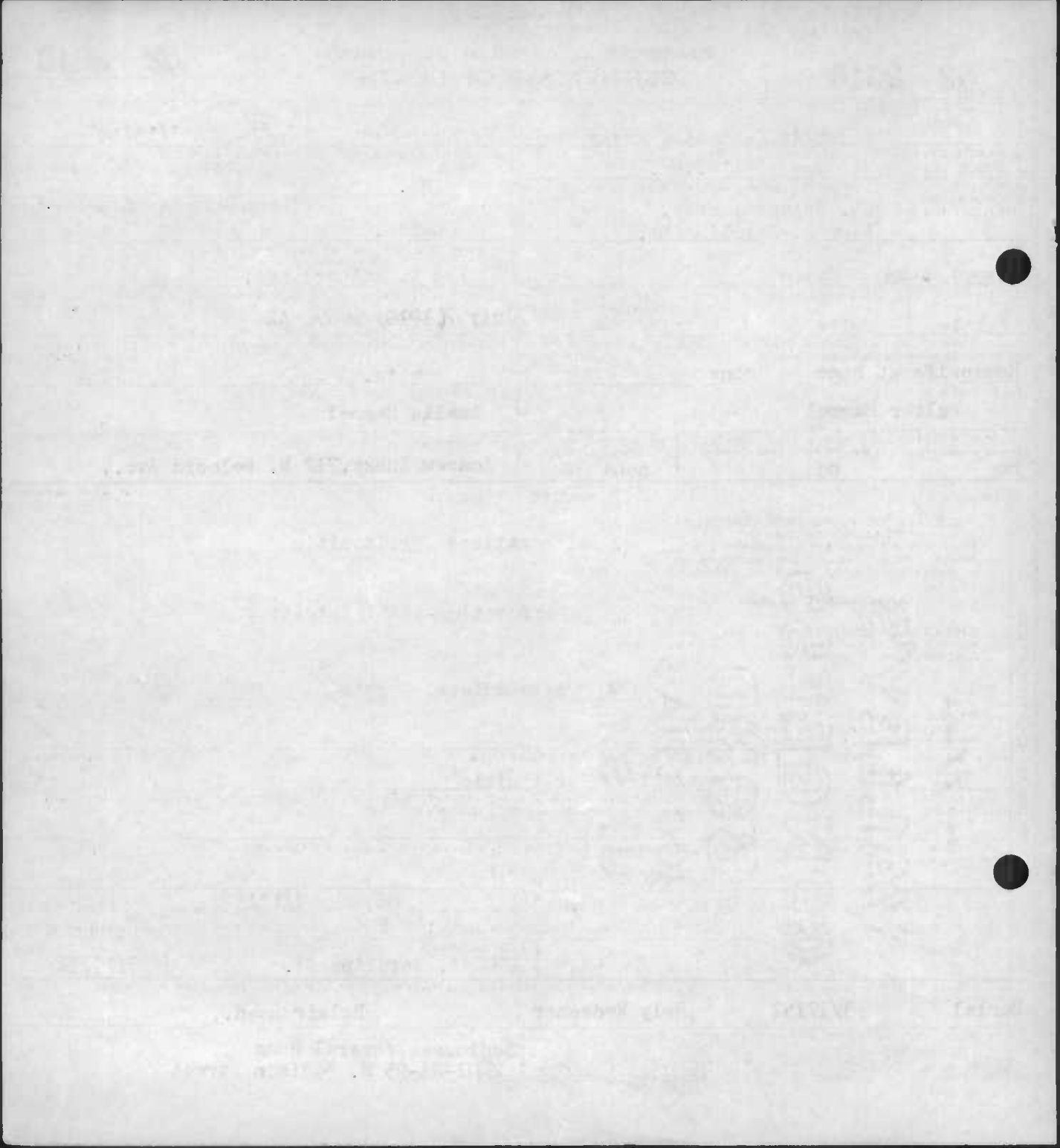
200
52 2516
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Marie Jeannette Kusky			2. DATE OF DEATH 3/13/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto., Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp. 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Balto.		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 712 N. Belnord Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1910		9. AGE (In years last birthday) 41 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home			10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Balto.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Walter Hammel		
14. MOTHER'S MAIDEN NAME Amelia Hammel			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Andrew Kusky, 712 N. Belnord Ave.,		

18. 561.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Peritonitis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforation-small intestine DUE TO		
(C) Strangulated Hernia		

19A. DATE OF OPERATION 3/12/52		19B. MAJOR FINDINGS OF OPERATION Generalized Peritonitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/12/52 , 19 52 , to 3/13/52 , 19 52 , that I last saw the deceased alive on 3/13/52 , 19 52 , and that death occurred at 10:00 PM from the causes and on the date stated above.					
23A. SIGNATURE G. A. Bleser		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED 3/13/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Belair Road.,	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Schimunek, Funeral Home		ADDRESS 2201-03-05 E. Madison Street	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2517

BIRTH NO. 52 2517

1. NAME OF DECEASED (Type or Print) ELISE KELLY			2. DATE OF DEATH March 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Beech Hill Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kingsville		
5. Length of stay in Baltimore 60 years			D. STREET ADDRESS (If rural, give location) 5300		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 22, 1872	9. AGE (In years last birthday) 79	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Anthony H. Kelly, son, Kingsville, Md.		

18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 10 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Causes of Heart		10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 2, 1952 to March 12, 1952 that I last saw the deceased alive on 11 Mar., 1952 and that death occurred at 1045 P.M., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	M. D.	23B. ADDRESS <i>[Address]</i>	23C. DATE SIGNED 3-14-52
--------------------------------------	-------	----------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 15, 1952	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) 3310 Taylor Ave., Balto. Md.
--	-----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Schimmek Funeral Home, Inc.	ADDRESS 2601-345 E. Madison St.
--	---	--	---

500
52 2518BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2518

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond H. Bowen

2. DATE
OF
DEATHThurs-
March 13, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

120 W. Fort Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-01

D. STREET ADDRESS (If rural, give location)

120 W. FORT AVE.

Length of stay in Baltimore

About 35

Yrs.
Mons.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married -

8. DATE OF BIRTH

January 2, 1899

9. AGE (in years
last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lazer (Glass)

10B. KIND OF BUSINESS OR
INDUSTRY

Millwork Industry

11. BIRTHPLACE (State or foreign country)

Calvert County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles B. Bowen

14. MOTHER'S MAIDEN NAME

Annie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no -

16. SOCIAL
SECURITY NO.

216-05-8084

17. INFORMANT

ADDRESS

Mrs. Norma E. Bowen - Same

18. 151X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(WIFE)

Carcinoma of stomach (inoperable)

INTERVAL BETWEEN
ONSET AND DEATH

18 mo +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Metastatic carcinoma to mediastinum
and lung.

3 mo +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1-22-52, 19, to 3-13-52, 19, that I last saw the
deceased alive on 3-12-52, 19, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Lewis M.D.

23B. ADDRESS

642 N. W. 7th St

23C. DATE SIGNED

3-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Monday
March 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Brooklyn 9-9-C. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

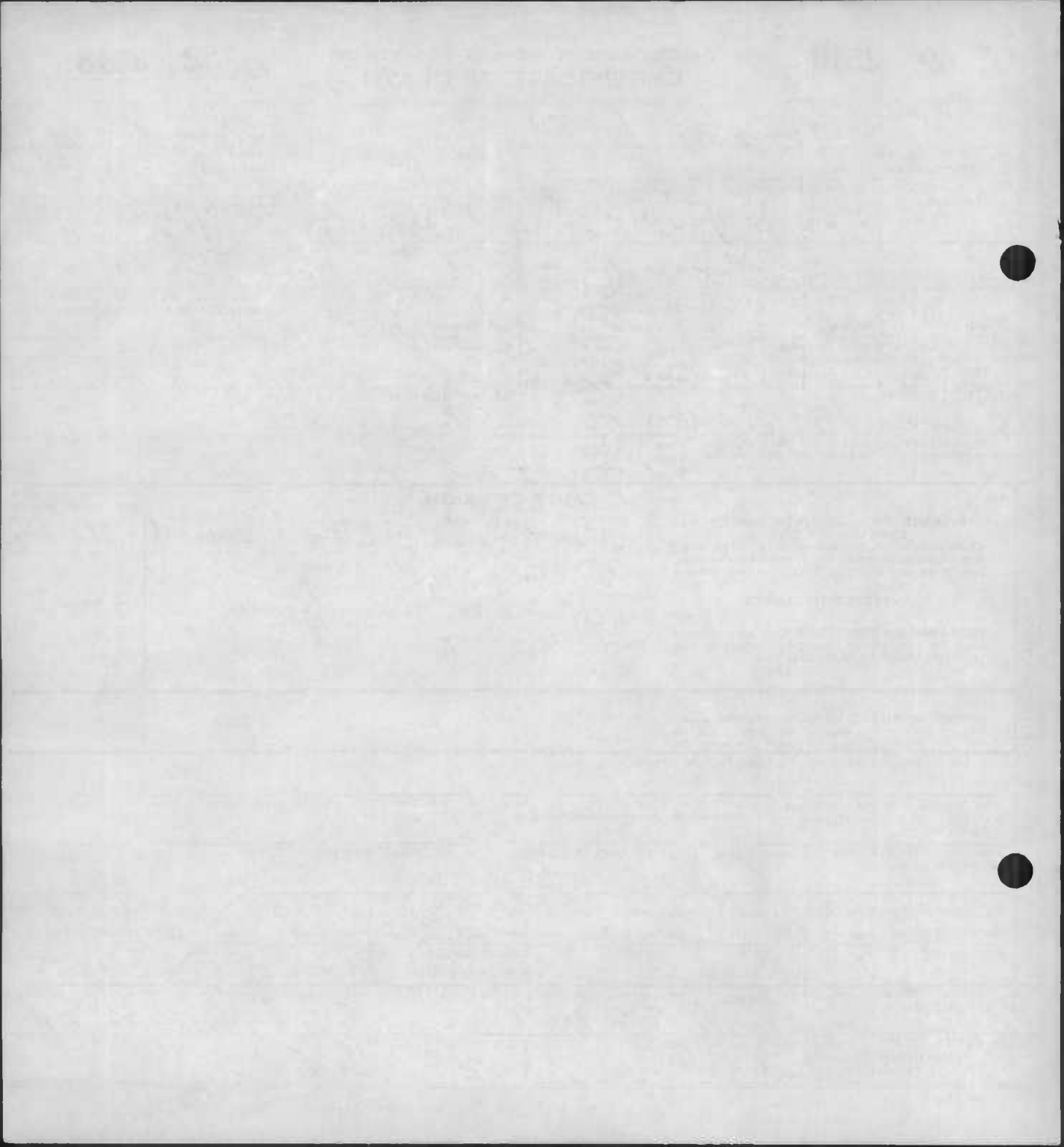
ADDRESS

MAR 14 1952

Huntington Williams, M.D. 1924 Howard Evans

VS 150

69031 4005, Charles St. Balto 30, Md



20052 2519

REA-157330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2519
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Heavenly Peace

2. DATE
OF
DEATH

March 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)

947 Pennsylvania Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1 1 1

9. AGE (In years
last birthday)

65 1

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 331X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3-10, 1952, to 3-13, 1952, that I last saw the
deceased alive on 3-13, 1952 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

3-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1952

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Druid Hill ave.

STATE OF NEW YORK
CERTIFICATE OF DEATH

DEATH OF

DEATH OF

5056
2
7

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2520**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nannie Mobley

2. DATE
OF
DEATH

March 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1003 W. Lexington

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.
1003 W. Lexington St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3, 1898

9. AGE (In years; last birthday)

53

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fairfield S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andy Foster

14. MOTHER'S MAIDEN NAME

Etta Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *1003 Law Mobley W. Lexington St.*

18. *174X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral aneurysm

INTERVAL BETWEEN ONSET AND DEATH

15 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Mar 24*, 19*50*, to *Mar 12*, 19*52*, that I last saw the deceased alive on *Mar 8*, 19*52*, and that death occurred at *3 A* m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. W. with

M. D.

23B. ADDRESS

5153 Greenwood

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Shipped

24B. DATE

March 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

White Oak

24D. LOCATION (City, town, or county)

White Oak S.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

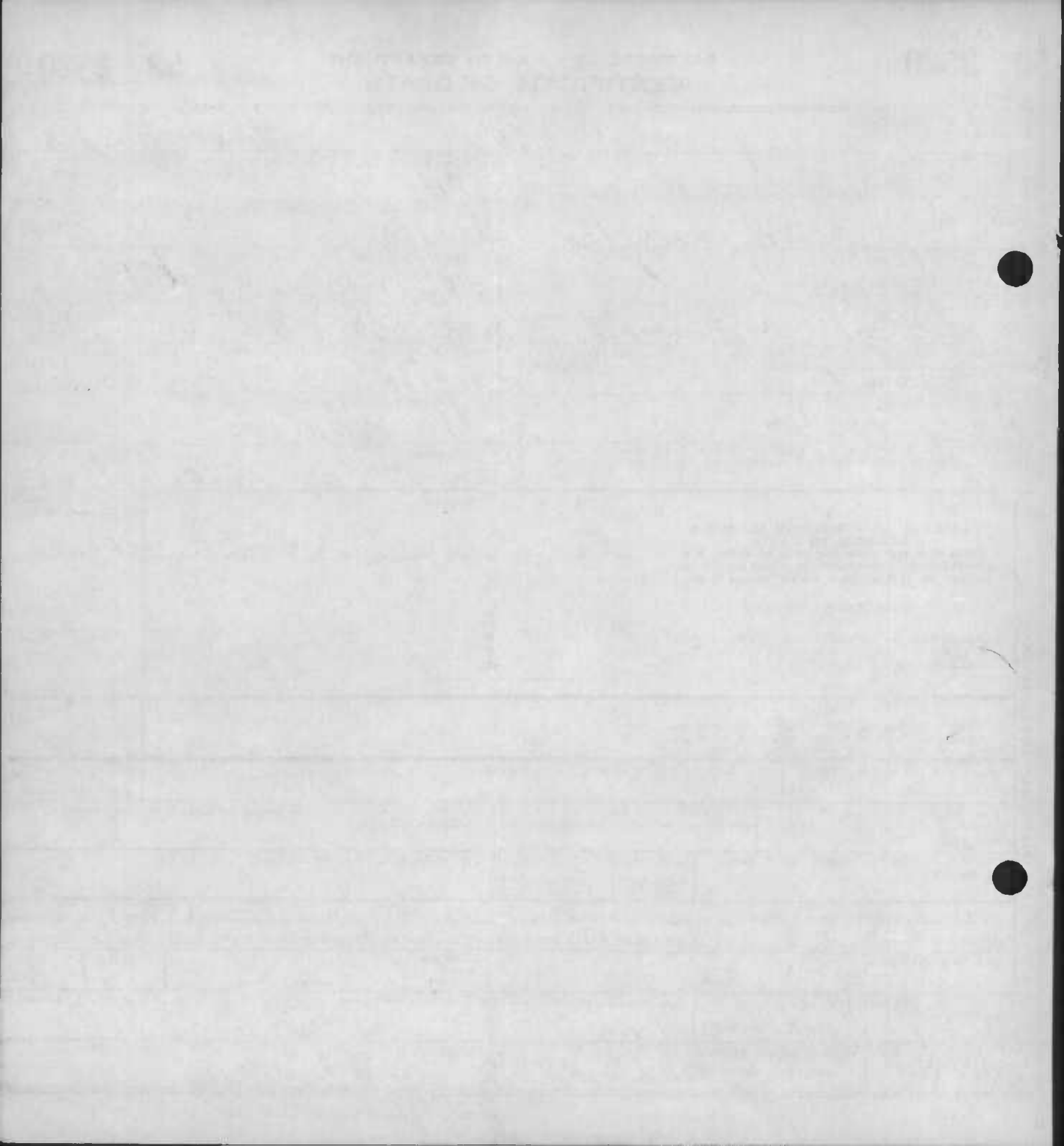
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. R. Williams

ADDRESS

320 N. Schroeder St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2521

512
52 2521
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>John Wesley Thompson</u>		2. DATE OF DEATH <u>March 11-1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1044 N. Eden St.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Harford</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>lifetime</u>		D. STREET ADDRESS (If rural, give location) <u>1044 N. Eden</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11/5/79</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Ind</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John C. Thompson</u>		14. MOTHER'S MAIDEN NAME <u>Emmaline Slater</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>7</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS <u>Agnes M. Jones 1044 N. Eden St</u>	

MEDICAL CERTIFICATION

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Coronary Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Chronic Myocarditis</u>	
		(C) <u>Coronary Decompensation</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Nephritis</u>			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:50 p m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>March 15 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Artur's Memorial Park Cem., Balt., Ind</u>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 14 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington W. Williams</u>	25. FUNERAL DIRECTOR ADDRESS <u>W. Williams 1515 McElroy St</u>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1915

1915

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

CITY

COUNTY

STATE

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

CITY

COUNTY

STATE

DATE OF MARRIAGE

PLACE OF MARRIAGE

CITY

COUNTY

STATE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2522

-200
52 2522
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Wise</i>			2. DATE OF DEATH <i>3/12/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>600 Vincent Ct</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Prince Georges</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City 15 01</i>		
C. Length of stay in Baltimore <i>Several years</i>			D. STREET ADDRESS (If rural, give location) <i>1600 Vincent Ct. Shore pit</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 7 1900</i>		9. AGE (In years last birthday) <i>52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Solar</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Solar</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Wise</i>			14. MOTHER'S MAIDEN NAME <i>Eliza</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>1600 Vincent Ct</i>	17. INFORMANT ADDRESS <i>1600 Vincent Ct</i>		

18. <i>447x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Generalize Arteriosclerosis</i> DUE TO (B) <i>Essential Hypertension</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept.*, 1951, to *March 12*, 1952, that I last saw the deceased alive on *March 12*, 1952, and that death occurred at *4 P* m., from the causes and on the date stated above.

23A. SIGNATURE *Gilbert L. B. David* M. D. 23B. ADDRESS *722 N. Fulton Ave* 23C. DATE SIGNED *3/14/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 17/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Northwood Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Bethesda Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. H. Williams</i>	ADDRESS <i>1515 W. McMillan St</i>

100-100000

RECEIVED



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2523**

BIRTH NO. **52 2523**

1. NAME OF DECEASED (Type or Print) BERNARD McCALL (Mackall)		2. DATE OF DEATH March 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 846 Tyson Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH aug 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Contractor	
13. FATHER'S NAME Edward Mackall		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Matilda Talbot	
16. SOCIAL SECURITY NO.		17. INFORMANT Charles Mackall	
		ADDRESS 1434 Argyle	

18. 490x I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

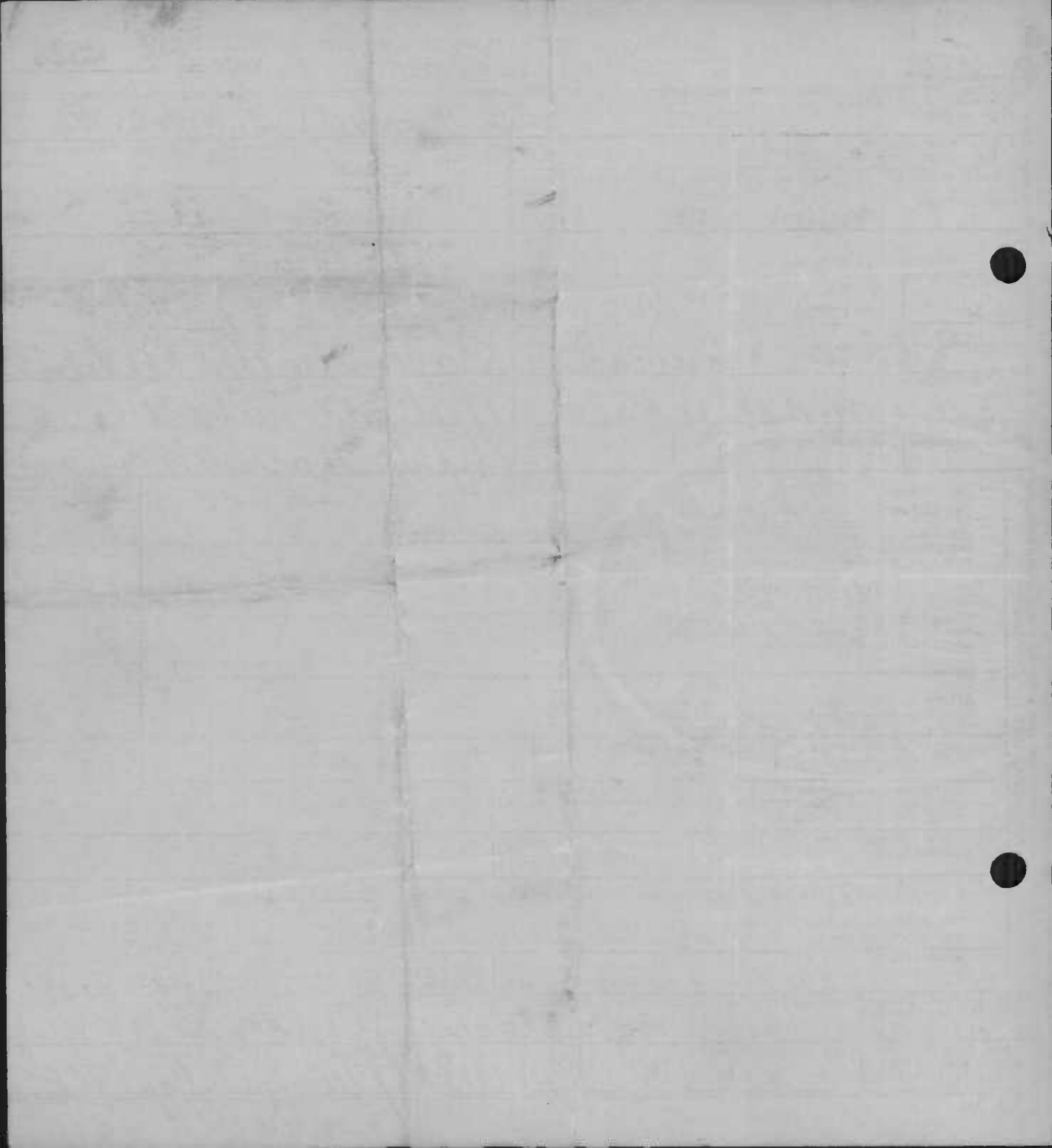
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Duncanson		23B. CHIEF MEDICAL EXAMINER Stanley B. Duncanson		23C. DATE SIGNED March 12, 1952	
24A. BURIAL, CREMA-TION, REMOVAL (Specify)		24B. DATE 3/15/52		24C. NAME OF CEMETERY OR CREMATORY Wm Calvary	
24D. DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. LOCATION (City, town, or county) (State) Cedar Hill Md	
25. FUNERAL DIRECTOR Dr. J. H. Talbot		25B. ADDRESS 918 Druid Hill art.			



BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Annie Noble		3/12/52	
3. PLACE OF DEATH:			
A. Baltimore City, Maryland		Balto, Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location)			
Provident Hospital			
C. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		172 Dolphin St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Fe	colored		11/29/1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Housewife			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Martin Simpson		Elizabeth ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
Mr. Mark Noble		170 Dolphin St.	

18. 260X	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Diabetic Coma</u>	
	ANTECEDENT CAUSES		DUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
			CUE TO	
			(C)	
<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>				

MEDICAL	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 3/11 1952 to 3/12 1952, that I last saw the deceased alive on 3/12 1952, and that death occurred at 10 ¹⁵ p. m., from the causes and on the date stated above.					
23A. SIGNATURE S. Goniondskis		M. D.		23B. ADDRESS Proident Hospital		23C. DATE SIGNED 3/13/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE MAR 17 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952	REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR W. W. Gracely		ADDRESS 578 W. Biddle St	

VS 150

516

2525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2525

BIRTH NO

1. NAME OF DECEASED (Type or Print) <u>Dorothy Gambrill</u>			2. DATE OF DEATH <u>March 11, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>527 West Cross Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>527 West Cross Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9-1928</u>	9. AGE (In years last birthday) <u>23</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>George E. Graves Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Phoebe Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Phoebe Graves 1027 Brisco Street</u>			ADDRESS <input checked="" type="checkbox"/>		

18. <u>002X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Respiratory Failure</u> DUE TO (B) <u>Tuberculosis (pulmonary)</u> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 5/3/11, 1952, to 3/11, 1952, that I last saw the deceased alive on 3/11, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE J. Shorofsky M.D. 23B. ADDRESS 601 N. Monroe St 23C. DATE SIGNED 3/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/14/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore Nat. Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>
--	-------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952 REGISTRAR'S SIGNATURE Huntington Williams FUNERAL DIRECTOR Elmer A. Wilson ADDRESS 1000 Bunting Ave

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

1917

1918

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1952

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1956

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1958

1959

1960

CERTIFICATE CORRECTED

3-26852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 2526

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Meredith

2. DATE
OF
DEATH

March 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

253 Bruce Street

C. CITY OR TOWN (If outside corporate limits, write FEDERAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

253 Bruce Street

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 18, 1919

9. AGE (in years last birthday)

32

10 Under 1 Year 11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Baynor

14. MOTHER'S MAIDEN NAME

Lillie Colvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lillie Baynor 253 Bruce Street

18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2/18*, 1952 to *3/18*, 1952 that I last saw the deceased alive on *3/12*, 1952, and that death occurred at *2P* m., from the causes and on the date stated above.

23A. SIGNATURE

Reginald W. Ackling

23B. ADDRESS

412 E. N. Gilman St.

23C. DATE SIGNED

3/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Edgar B. Wilson 1000 Buntly Ave

ADDRESS

100-100000

100-100000

100-100000

324
52 2527BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2527

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARY W. HITSELBERGER

2. DATE
OF
DEATH

3-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Rural

D. STREET ADDRESS (If rural, give location)

207 1st An.

5300

Length of stay in Baltimore

89

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 22-1862

9. AGE (In years
last birthday)

90 years

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Hale

14. MOTHER'S MAIDEN NAME

Gertrude Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daphne Edward Hitzelberger 207 1st An.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

myocardial infarction

DUE TO

Arterioscl. cardio-vasc.
disease

(B)

DUE TO

Generalized Atherosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-8-52

19B. MAJOR FINDINGS OF OPERATION

DRY GANGRENE RT. legs, Atherosclerosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1952, to 3-13, 1952, that I last saw the
deceased alive on 3-13, 1952, and that death occurred at 9:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry J. King

M. D.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

3-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 17-52

24C. NAME OF CEMETERY OR CREMATORY

New Creek

24D. LOCATION (City, town, or county)

Frederick Md

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frederick B. Perry 646 Casselle Ave

160
52 2528BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2528

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles F. Weaver

2. DATE
OF
DEATH Mar. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Mem. Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Dogwood Road, Route 5

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Jan. 5, 1900

9. AGE (In years
last birthday)

52

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR
INDUSTRY

Gas. & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles F. Weaver

14. MOTHER'S MAIDEN NAME

Margaret Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-2816

17. INFORMANT

ADDRESS

Mrs. Jacqueline M. Baldwin Dogwood Rd.

18. 443X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1952, to 3-13, 1952, that I last saw the
deceased alive on 3-13, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Davis Ilegante

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

3-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1952 Huntingtown, Md. G. Howard Strong 3207 W. North Ave.

Dr. UGARTER.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **58 2529**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY M GLANTZ		2. DATE OF DEATH March 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1215 Hollins Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4/2/1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 77
13. FATHER'S NAME Conrad Glantz		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME Margaret Kerner		17. INFORMANT Mrs Rose Wachter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		ADDRESS 1215 St. Hollins	

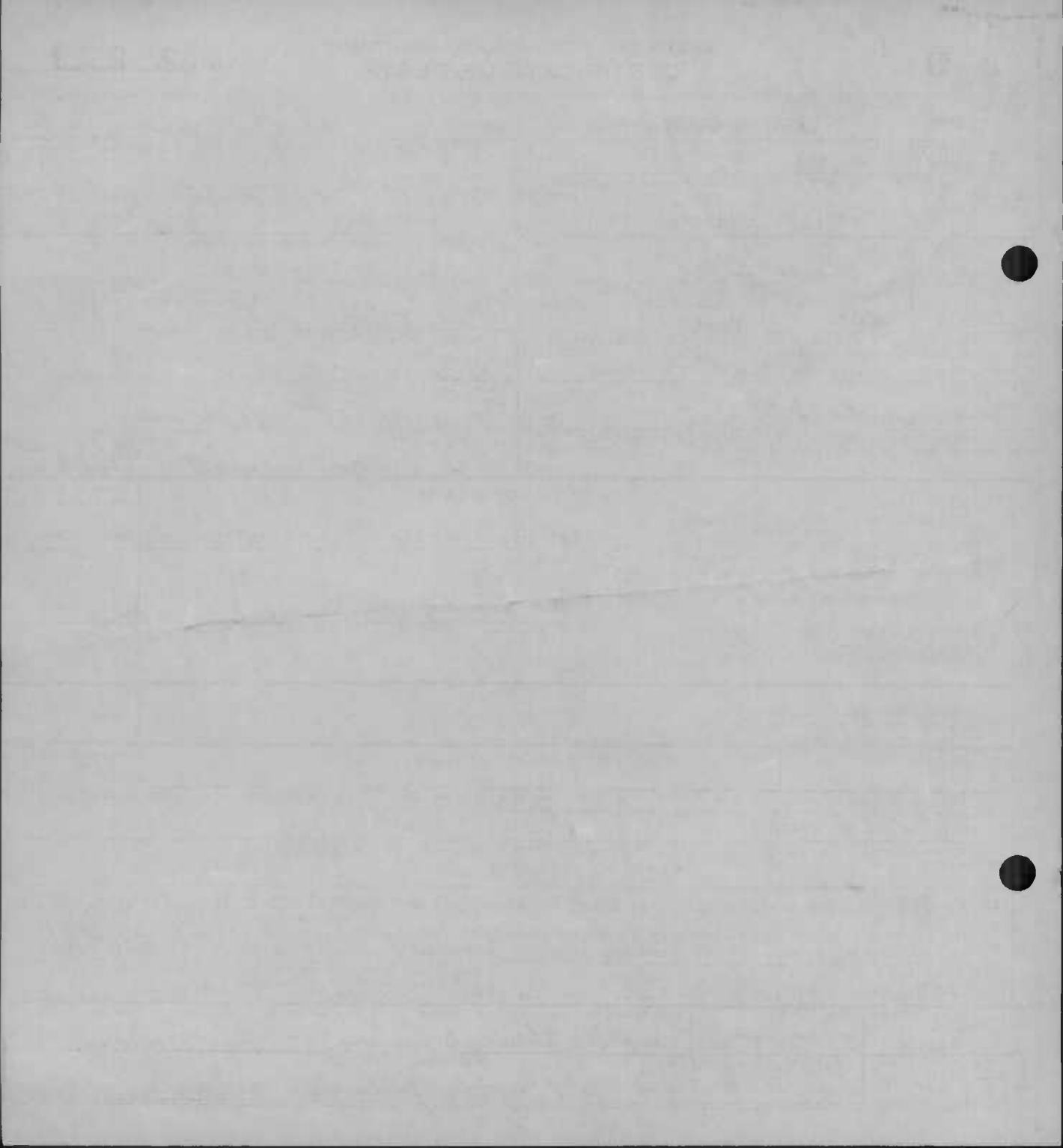
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley K. D...</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED March 14, 1952
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/17/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR John J. Conan & Son	
ADDRESS 201 St. Hollins			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2530**

1. NAME OF DECEASED
(Type or Print)

PAUL J. CASPER

2. DATE
OF
DEATH

3/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

12-05

D. STREET ADDRESS (If rural, give location)
1817 Guilford Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 2, 1920

9. AGE (In years last birthday)

31

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer - shipping Dept. National Can Co

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Casper

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

188-12-0218

17. INFORMANT

ADDRESS

Hazel Casper, 1817 Guilford Ave.

18. **446X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Malignant nephrosclerosis

2 y. 5

DUE TO

(C)

Essential Hypertension

4 y. 5

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3/7**, 19**52**, to **3/13**, 19**52**, that I last saw the deceased alive on **3/13**, 19**52**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Ed E. Bevel

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

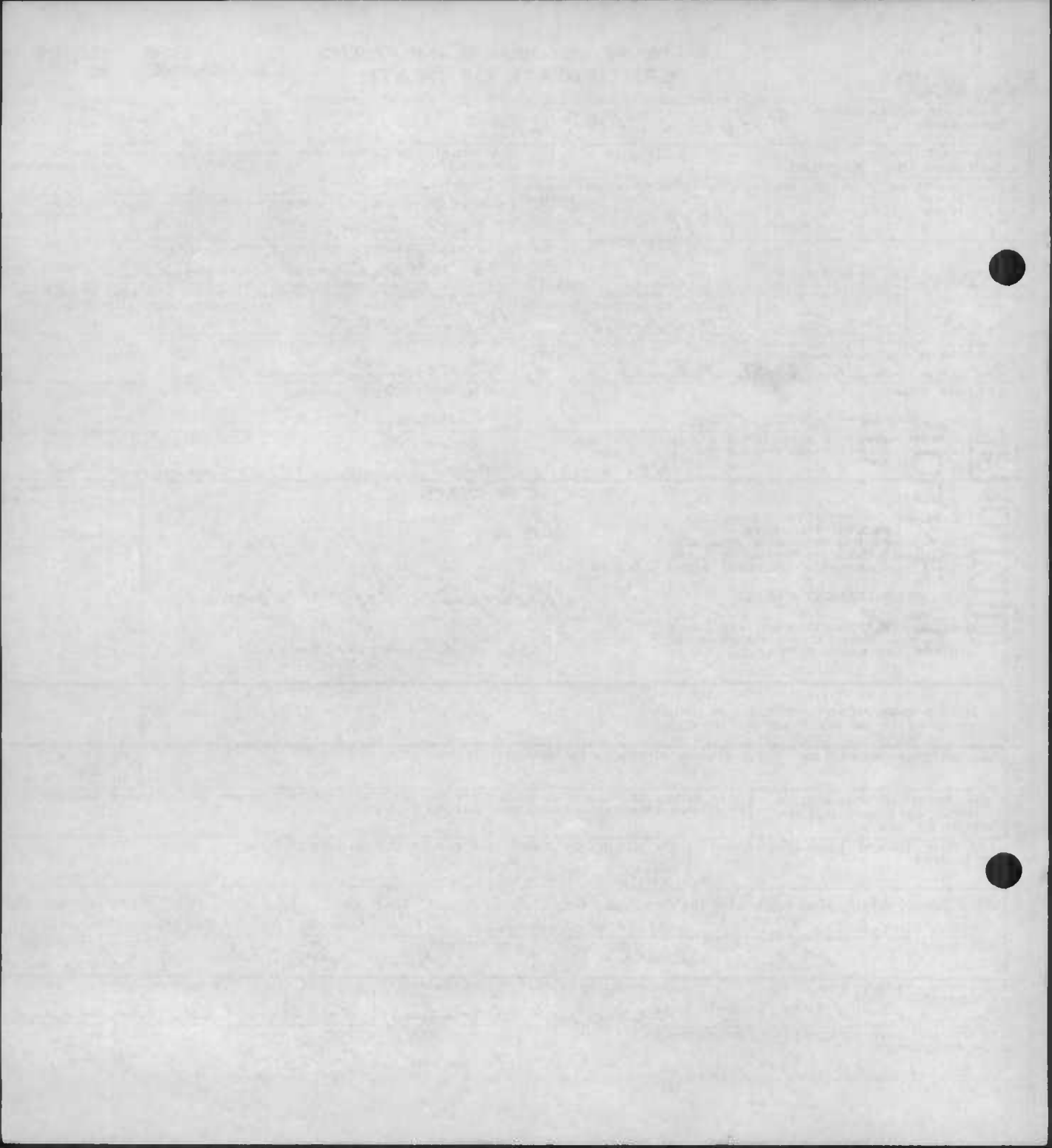
Huntington

25. FUNERAL DIRECTOR

Wm. Cooke Inc., 1212 St Paul St

ADDRESS

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2531**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida May Harmon

2. DATE
OF
DEATH

March 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

1310 Harford Avenue

D. STREET ADDRESS (If rural, give location)

1310 Harford Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

January 8, 1862

9. AGE (In years last birthday)

90

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph R. Kremer

14. MOTHER'S MAIDEN NAME

Marion A. Clarke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Minnie Disney, 1310 Harford Avenue

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*arteriosclerosis
Cardiovascular disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *January 1948* to *March 12, 1952*, that I last saw the deceased alive on *March 12, 1952*, and that death occurred at *11:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Jack J. Singer

23B. ADDRESS

506 E North Ave

23C. DATE SIGNED

3-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook & Co.

ADDRESS

1217 St. Paul Street

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

100-100000-100000

1	Name of Subject	Date of Birth
2	Place of Birth	Date of Death
3	Occupation	Cause of Death
4	Education	Manner of Death
5	Religion	Place of Death
6	Marital Status	Date of Burial
7	Date of Death	Place of Burial
8	Date of Burial	Place of Burial
9	Date of Burial	Place of Burial
10	Date of Burial	Place of Burial
11	Date of Burial	Place of Burial
12	Date of Burial	Place of Burial
13	Date of Burial	Place of Burial
14	Date of Burial	Place of Burial
15	Date of Burial	Place of Burial
16	Date of Burial	Place of Burial
17	Date of Burial	Place of Burial
18	Date of Burial	Place of Burial
19	Date of Burial	Place of Burial
20	Date of Burial	Place of Burial
21	Date of Burial	Place of Burial
22	Date of Burial	Place of Burial
23	Date of Burial	Place of Burial
24	Date of Burial	Place of Burial
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27	Date of Burial	Place of Burial
28	Date of Burial	Place of Burial
29	Date of Burial	Place of Burial
30	Date of Burial	Place of Burial

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BALTIMORE CITY HEALTH DEPARTMENT

52 2532 51-24663

CERTIFICATE OF DEATH

Registered No. 52 2532

1. NAME OF DECEASED (Type or Print) <i>Emerson Sampson</i>			2. DATE OF DEATH <i>March 12, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>111 Oak Ave.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>10-22-51</i>		9. AGE (In years; last birthday) <i>4</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Andrew Sampson</i>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>754.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>Congenital Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO <i>Disease</i> (B) DUE TO <i>Interventricular septal defect - Ebstein's Disease</i> (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-24*, 19*52*, to *3-12*, 19*52*, that I last saw the deceased alive on *3-12*, 19*52*, and that death occurred at *10 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Solomon Cohen</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3-12-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery Balto., Md.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Charles W. Law</i>	ADDRESS <i>802 Madison Ave.</i>
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UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE CHIEF OF BUREAU

WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered 58 2533

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL BURGESS

2. DATE
OF
DEATH

March 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

325 W. Redwood Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

June 1911

9. AGE (in years last birthday)

41

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Repair

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes. World War.

16. SOCIAL SECURITY NO.

17. INFORMANT

Evelyn Burgess

ADDRESS

E902.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Intracerebral hemorrhages**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

325 W. Redwood Street

21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY
March 12, 1952-12:00

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Fell 10 ft. from fire escape to sidewalk

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Dunsche

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

New Paltz Cemetery

24D. LOCATION (City, town, or county)

Redwood Rd

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

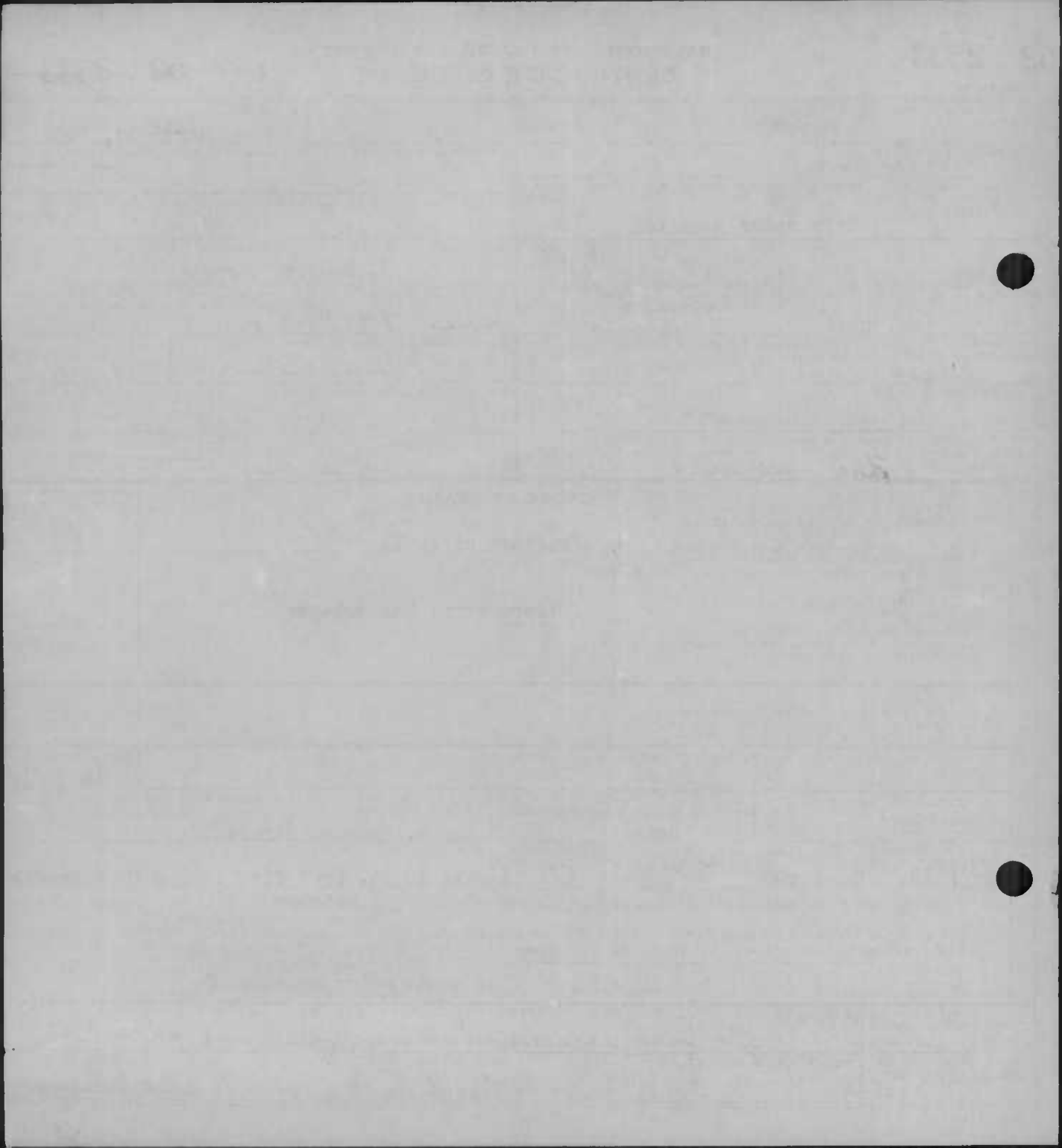
Huntington Williams

25. FUNERAL DIRECTOR

Edw. W. Bachman

ADDRESS

703 McKenney St



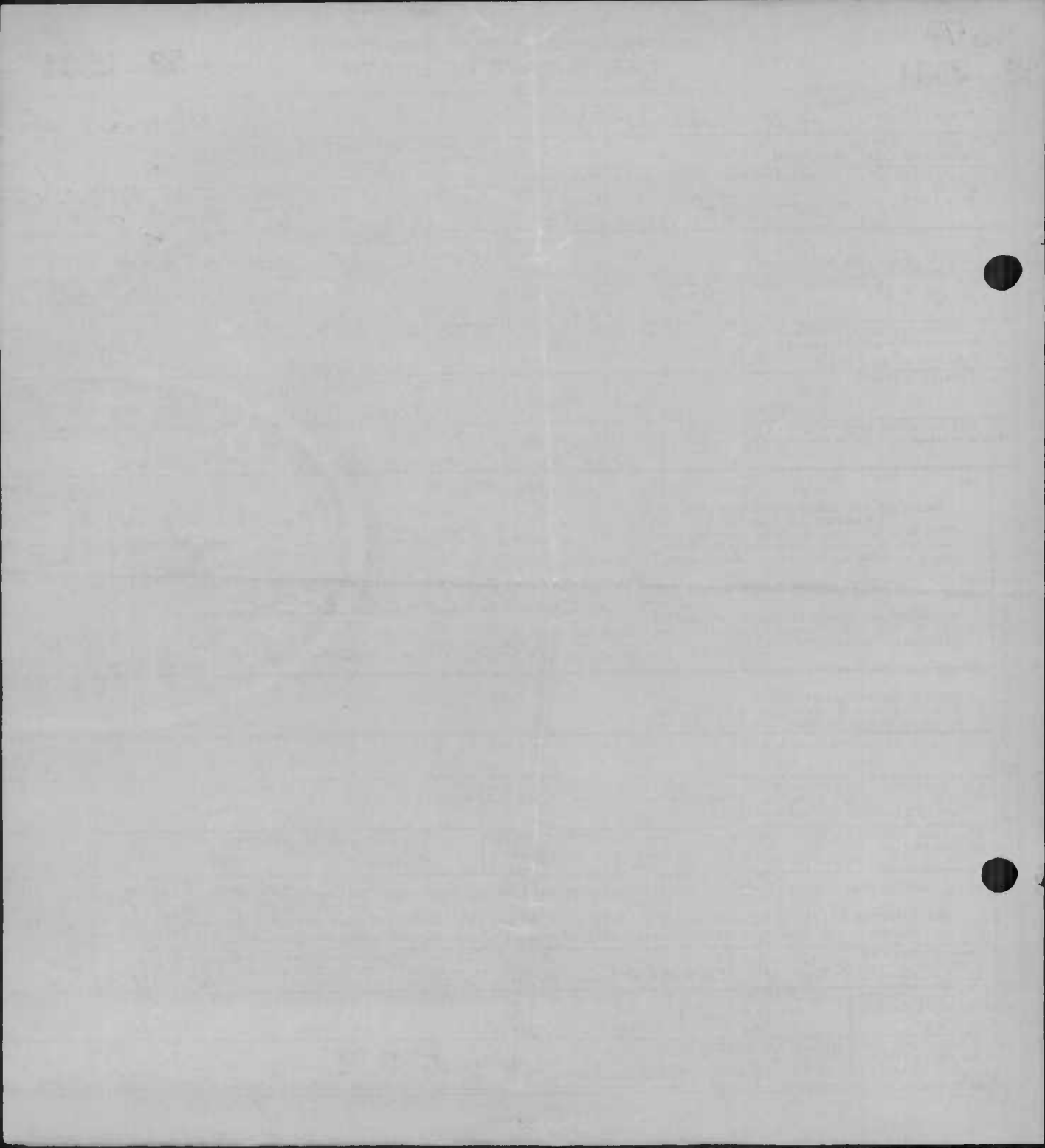
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 2534

1. NAME OF DECEASED (Type or Print) <u>EVAR. HAILEY</u>		2. DATE OF DEATH <u>March 13, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u>	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>6552 St. Helena</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO (22) 26-96</u>	
D. STREET ADDRESS (If rural, give location) <u>6552 ST HELENA AVE</u>		E. DATE OF BIRTH <u>4/10/1881</u>	
F. AGE (in years last birthday) <u>70 69</u>		G. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
H. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>		I. MOTHER'S MAIDEN NAME <u>PEARL (?)</u>	
J. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		K. KIND OF BUSINESS OR INDUSTRY	
L. FATHER'S NAME <u>JAMES POOLE</u>		M. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	
N. SOCIAL SECURITY NO. <u>NONE</u>		O. INFORMANT <u>CLIFFORD HAILEY - SAME</u>	
P. LENGTH OF STAY IN BALTIMORE <u>4</u>		Q. INTERVAL BETWEEN ONSET AND DEATH	

18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) <u>Coronary Occlusion</u> DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Arteriosclerotic</u> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <u>Heart Disease</u>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Francis J. Januszewski</u>		23B. CHIEF MEDICAL EXAMINER <u>M.D.</u>		23C. DATE SIGNED <u>3/13/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>3/17/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>COOL SPRING</u>	
24D. LOCATION (City, town, or county) (State) <u>LUNENBURG, VA.</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, 1415 W. 24th St., Baltimore, Md.</u>		24F. ADDRESS <u>Walter Burke Bradley, N. 44th St., N. 44th St., N. 44th St.</u>	



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52 2535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2535

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mary Katherine Booge</i>		2. DATE OF DEATH <i>Mar. 13-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3119 Clifftmont Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) <i>3119 Clifftmont Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Jan 17-1886</i>
9A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Examiner Ladies Garments</i>		9B. KIND OF BUSINESS OR INDUSTRY _____	
10. FATHER'S NAME <i>William E. Booge</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
12. CITIZEN OF WHAT COUNTRY? _____		13. MOTHER'S MAIDEN NAME <i>Harriett Simpson</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		15. SOCIAL SECURITY NO. <i>618-03-9157</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____		17. INFORMANT <i>Mrs Katherine Magel - Woodhome</i>	

18. <i>170X and 002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Carcinomatous; many</i> DUE TO <i>metastases to spine;</i> (B) <i>Carcinoma of left breast</i> (C) <i>Old fibroid pulmonary tuberculosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>1 1/2 yrs.</i> <i>30-40 yrs.</i>
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>May - 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Biopsy showed carcinoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>Apr.</i> , 1951, to <i>Mar 13</i> , 1952, that I last saw the deceased alive on <i>Mar 12</i> , 1952, and that death occurred at <i>5:00 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robt. B. Wright M.D.</i>		23B. ADDRESS <i>Maryland Ave Bldg.</i>		23C. DATE SIGNED <i>3/14/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>L. J. Booge</i>		24H. ADDRESS <i>5305 Hayford Rd</i>		24I. VS 150	

69046

Dr. R. B. Wright
Med. Coll.

252
2536BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2536

1. NAME OF DECEASED (Type or Print) HAROLD DEAN ISENNOCK		2. DATE OF DEATH March 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson	
length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 220 Willow Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH June 18 - 1934
9. AGE (In years last birthday) 17		10. CITIZEN OF WHAT COUNTRY? U.S.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME HAROLD B. ISENNOCK		14. MOTHER'S MAIDEN NAME MABEL F. DUNCAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. H. B. Isennock, Neighbor		ADDRESS 418	

18. E815.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture (A) DOE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Extradural and subdural hemorrhage (B) DOE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Contusion of brain (C)		

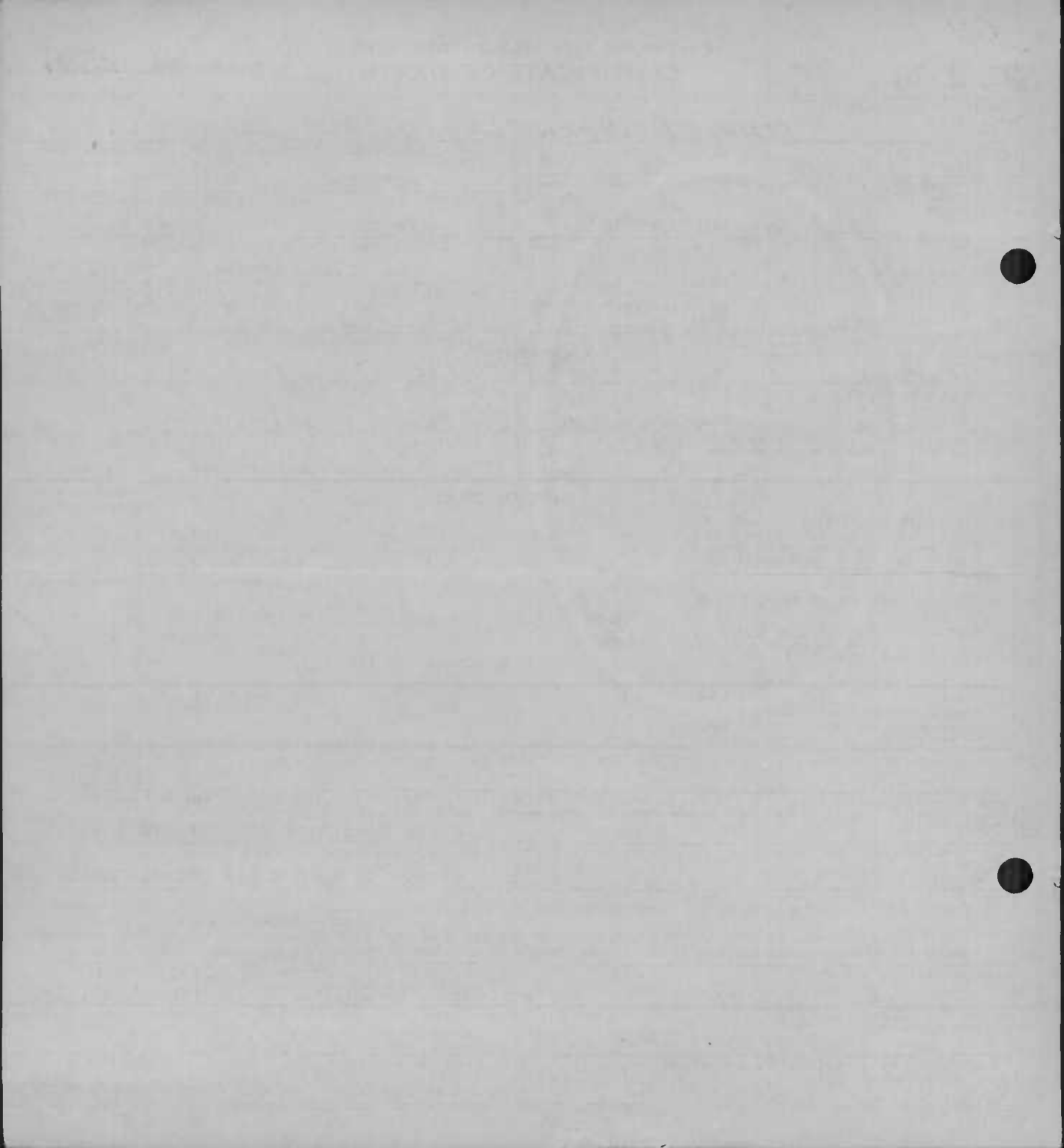
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Joppa Road near Old Harford Road
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 9, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by auto while driving motorcycle

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Shover	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D.	23C. DATE SIGNED March 13, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 3/15/52	24C. NAME OF CEMETERY OR CREMATORY Mareland Park	24D. LOCATION (City, town, or county) (State) Balto Md
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DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952	REGISTRAR'S SIGNATURE Huntington W. H. 2	25. FUNERAL DIRECTOR L. J. Luck	ADDRESS 5305 Harford Rd
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2537
Registered No.

500
52 2537
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John M. Ryan, Sr.</i>			2. DATE OF DEATH <i>Mar. 13-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>2903 Arlington Ave</i>			E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
5. SEX <i>male</i>			6. COLOR OR RACE <i>white</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>			8. DATE OF BIRTH <i>Oct 1-1887</i>		
9. AGE (In year last birthday) <i>64</i>			10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Martin Ryan</i>			14. MOTHER'S MAIDEN NAME <i>Mary Flynn</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMATION ADDRESS <i>Mrs. Catherine Ryan - Arlington</i>			18. ADDRESS <i>2903</i>		

18. <i>4201</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		(A) <i>CORONARY THROMBOSIS</i>		<i>1 hour</i>	
DUE TO		(B) <i>CORONARY SCLEROSIS</i>		<i>1/2 year</i>	
DUE TO		(C) <i>PULMONARY EDEMA</i>		<i>5 months</i>	
DUE TO		(D) <i>CHRONIC HEART FAILURE</i>			
DUE TO		(E)			
DUE TO		(F)			
DUE TO		(G)			
DUE TO		(H)			
DUE TO		(I)			
DUE TO		(J)			
DUE TO		(K)			
DUE TO		(L)			
DUE TO		(M)			
DUE TO		(N)			
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Dr. H. H. H. H.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2538
Registered No. 52 2538

520
2 2538
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ARGUTHA THOMAS			2. DATE OF DEATH Mar. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE W.Va. B. COUNTY W-45		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dunbar		
D. STREET ADDRESS (If rural, give location) General Delivery			E. LENGTH OF STAY IN BALTIMORE 160 days		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/26/11	9. AGE (In years last birthday) 40	10. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) W.Va.		
13. FATHER'S NAME Frank Whittington			14. MOTHER'S MAIDEN NAME Sadie Hiatt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Records-US PHS Hospital, Balto, Md.			ADDRESS		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lympho sarcoma Generalized			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. None					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None					
19A. DATE OF OPERATION Oct. 5, 1951			19B. MAJOR FINDINGS OF OPERATION W. B. Crawford		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None			21D. TIME (Month) (Day) (Year) (Hour) INJURY None		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? None		
22. I hereby certify that I attended the deceased from Oct. 5, 1951 to Mar. 13, 1952 , that I last saw the deceased alive on Mar. 13, 1952 , and that death occurred at 3:50P.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. B. Crawford			23B. ADDRESS US PHS Hospital, Balto, Md.		
23C. DATE SIGNED 3/13/52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3-17-52		
24C. NAME OF CEMETERY OR CREMATORY Chapelton			24D. LOCATION (City, town, or county) (State) Chapelton W. Va.		
25. FUNERAL DIRECTOR Huntington			ADDRESS 2503 Edmonson		

VALLEY

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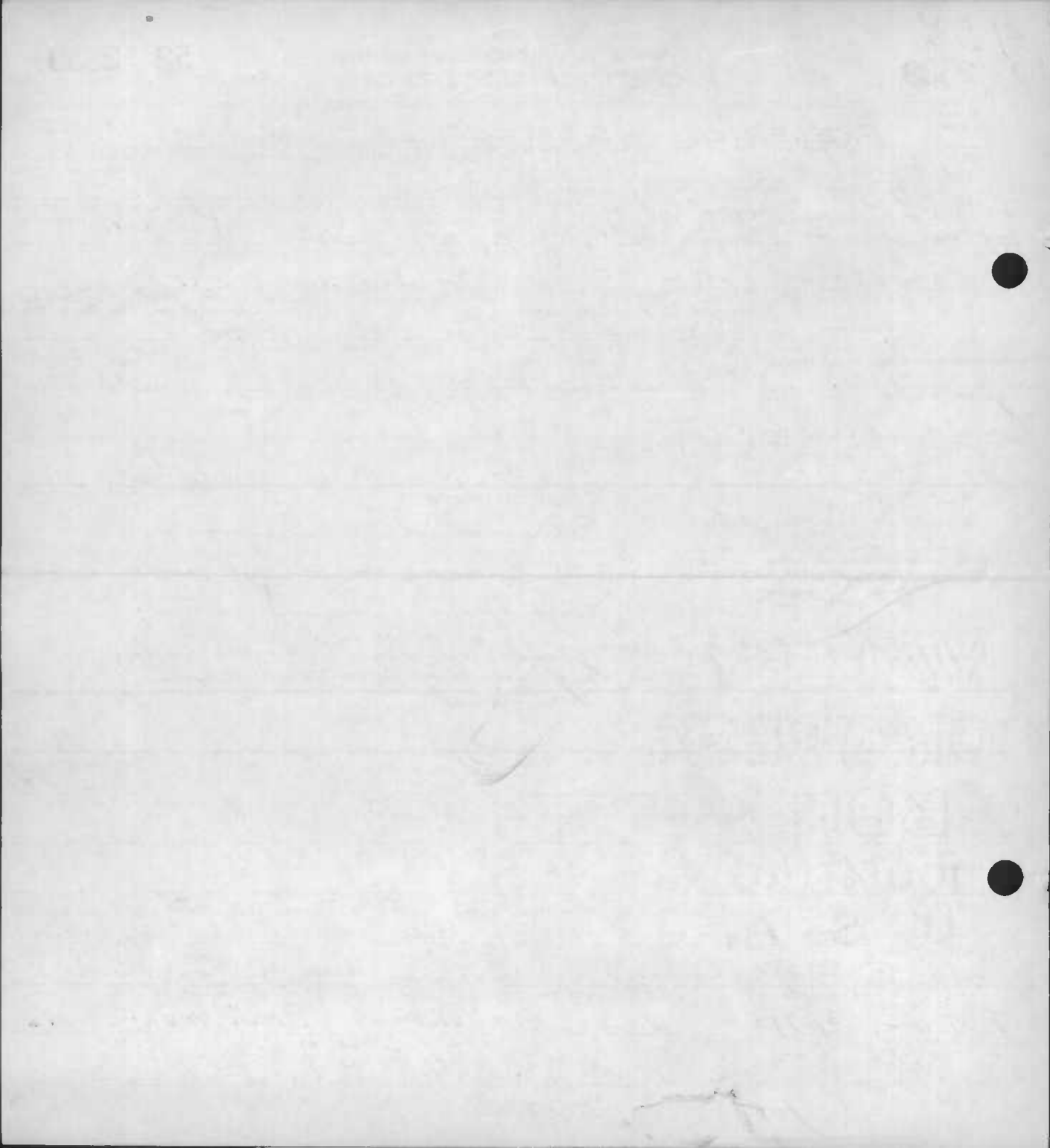
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452
52 2539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2539
Registered No.

1. NAME OF DECEASED (Type or Print) FREDERICK HELMKER		2. DATE OF DEATH March 13, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 16-06	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Luthan Hospital of Maryland, Baltimore 14, Md. INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
d. LENGTH OF STAY IN BALTIMORE Life		d. STREET ADDRESS (If rural, give location) 804 Dukeland St.	
5. SEX M	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 10, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City of Baito.		10b. KIND OF BUSINESS OR INDUSTRY Maintenance garage	9. AGE (in years last birthday) 58 years If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. FATHER'S NAME John Helmker		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME ?	
15. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mrs. Nana Helmker 804 Dukeland St.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease - Pulmonary Edema, bilateral. Right Bundle Branch Block. Supraventricular tachycardia. anemia.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 3, 1952 , to March 13, 1952 , that I last saw the deceased alive on March 13, 1952 , and that death occurred at 1:46 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Doris C. Macapangan		23b. ADDRESS Lutheran Hosp. of Md.	
23c. DATE SIGNED March 13, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/17/52	
24c. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24d. LOCATION (City, town, or county) (State) BALT. MORE MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John J. Stansbury		ADDRESS 2700 Edmondson Ave.	



520
52 2540
BIRTH NO.

JANOS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2540

1. NAME OF DECEASED (Type or Print) <i>Matthew Janos</i>			2. DATE OF DEATH <i>March 13/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-01</i>		
D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>			5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		
8. DATE OF BIRTH <i>4-19-1878</i> 9. AGE (in years last birthday) <i>73</i>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Storekeeper</i> 10B. KIND OF BUSINESS OR INDUSTRY <i>Meat & Grocery</i>		
11. BIRTHPLACE (State or foreign country) <i>Bahemia</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John Janos</i>			14. MOTHER'S MAIDEN NAME <i>Mary Wolek</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Edward Janos - 5300 Plymouth Rd/14</i>			ADDRESS		
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Chronic Myocarditis</i> DUE TO <i>Arterio Sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>6 yr</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mch 1-</i> , 19 <i>52</i> , to <i>Mch 13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Mch 13</i> , 19 <i>52</i> , and that death occurred at <i>11-20</i> A.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>Mch 14 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-15-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Calhoun Md</i>		24E. STATE (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. H. Beck</i> ADDRESS <i>800 E. Chentco</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2541

BIRTH NO. 50-16967

1. NAME OF DECEASED (Type or Print) Mary Diane Carter		2. DATE OF DEATH 3-13-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY AnneArundle	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linthicum Heights	
D. STREET ADDRESS (If rural, give location) Murray (Nursery) Road		5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. Length of stay in Baltimore 7hrs.		9. AGE (In years last birthday) 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland; Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Carter		14. MOTHER'S MAIDEN NAME Mary Conner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	

18. **057.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Meningococcemia**
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
20 Hrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-13-**, 1952, to **3-13-**, 1952, that I last saw the deceased alive on **3-13-**, 1952, and that death occurred at **8.35Pm.**, from the causes and on the date stated above.

23A. SIGNATURE **G.B. Rozen** M. D. **4940 Eastern Ave., Balto., Md.** 23B. ADDRESS 23C. DATE SIGNED **3-14-1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **March 15, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Glen Haven** 24D. LOCATION (City, town, or county) (State) **Glen Burnie Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 15 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Thomas W. Singleton** ADDRESS **Glen Burnie, Md.**

OFFICIAL OF DEATH

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52 2542
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2542

1. NAME OF DECEASED (Type or Print) Hevener, Mavis A.			2. DATE OF DEATH 3-14-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Ann Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Univ. of Md. Hospital			C. CITY OR TOWN Crambrills (If outside corporate limits, write RURAL and give township) (Rural)		
D. STREET ADDRESS (If rural, give location) Crain Highway South of Anderson's Corner			5. SEX F		
6. COLOR OR RACE W			7. SINGLE , MARRIED, WIDOWED , DIVORCED (Specify)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
13. FATHER'S NAME Kenton D. Mullenax			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
11. BIRTHPLACE (State or foreign country) Highland County, Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
14. MOTHER'S MAIDEN NAME Ollie Arbogast			17. INFORMANT Mrs. Ernest Thompson, 115 Baldwin Ave. Olean, N.Y.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Fibrino-purulent Peritonitis DUE TO (B) Perforation transverse Colon DUE TO (C) Adeno-carcinoma of trans. colon	INTERVAL BETWEEN ONSET AND DEATH 35+ hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Adreno-cortical atrophy		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-13**, 19**52** to **3-14**, 19**52** that I last saw the deceased alive on **3-14**, 19**52** and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John Metcalf	23B. ADDRESS 2407 E. Lincoln Ave	23C. DATE SIGNED 3-14-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 16, 1952	24C. NAME OF CEMETERY OR CREMATORY Baldwins Memorial	24D. LOCATION (City, town, or county) (State) Severn Cross Roads, A.A.Co.Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		25. FUNERAL DIRECTOR ADDRESS Thomas W. Singleton Glen Burnie, Md.	

Huntington Williams, M.D.

1912

THE STATE OF NEW YORK

IN SENATE

January 15, 1912

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

ON JANUARY 10, 1912

ALBANY: JAMES BRONKHORST COMPANY, PRINTERS

1912

ALBANY: JAMES BRONKHORST COMPANY, PRINTERS

1912

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ALBANY: JAMES BRONKHORST COMPANY, PRINTERS

1912

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1912

ALBANY: JAMES BRONKHORST COMPANY, PRINTERS

1912

ALBANY: JAMES BRONKHORST COMPANY, PRINTERS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2543**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Brown Grason

2. DATE OF DEATH **3 - 13 - 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **none**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1412 Bolton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1412 Bolton St.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

1 - 25 - 75

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard County, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

S. Thomas Brown

14. MOTHER'S MAIDEN NAME

Lydia Broome

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Samuel Brown

ADDRESS
Woodstock, Maryland

1B. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH
5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio-sclerosis**

Gradual

(C) **myocarditis**

(C) **Hypertension**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 8, 1930**, to **March 13, 1952** that I last saw the deceased alive on **3/12, 1952**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1403 Park Ave.

3-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

3-15-52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

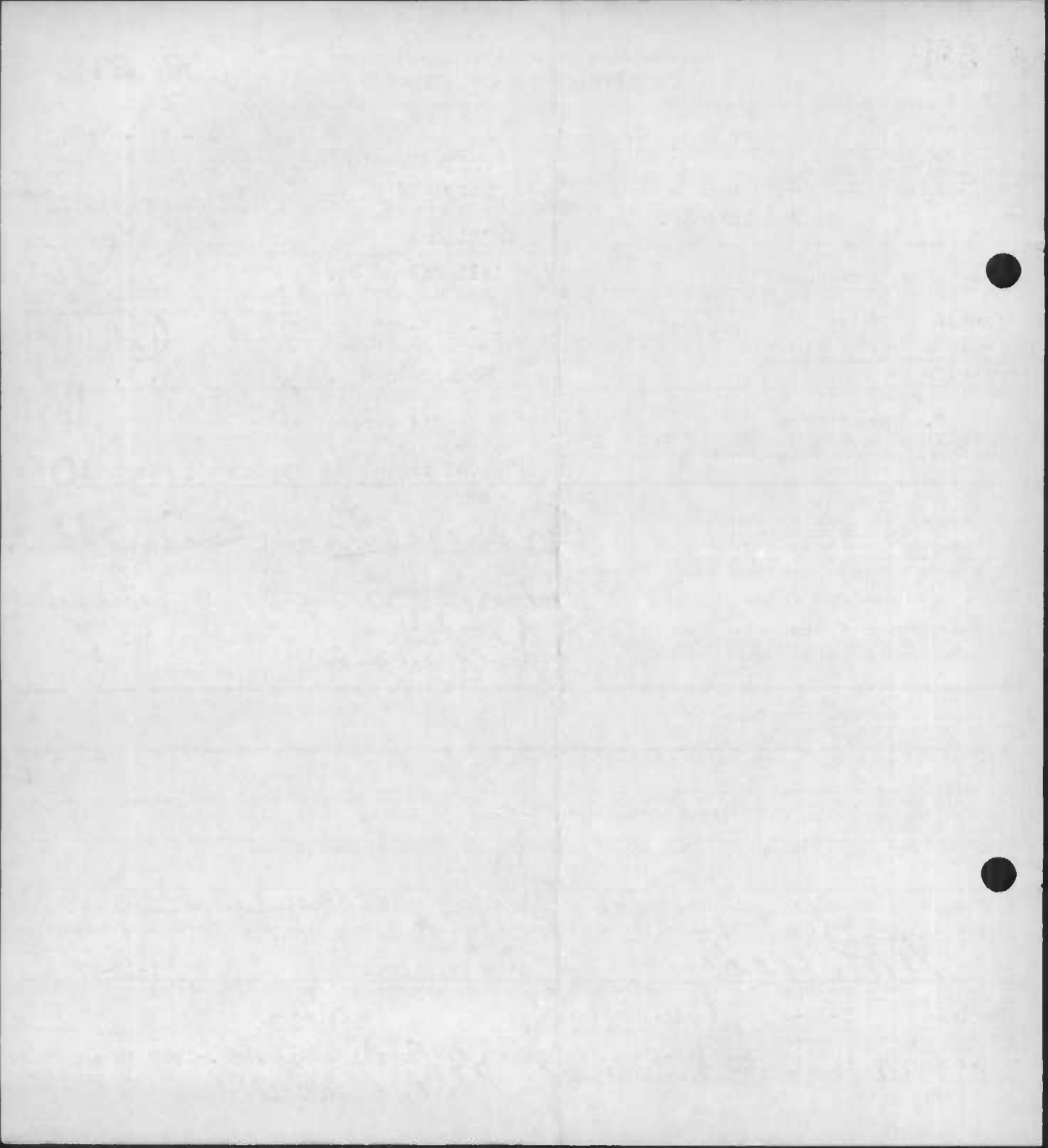
25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1952

Huntington Williams, M.D.

John O. Mitchell & Sons Inc., 1900 Eutaw Place



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2544**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALLACE BOLTE KLARE

2. DATE
OF
DEATH

13 March 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1515 Medford Road**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **1515 Medford Road**

B. FULL NAME OF HOSPITAL OR INSTITUTION
None

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
none

D. LENGTH OF STAY IN BALTIMORE
Life

D. STREET ADDRESS (If rural, give location)
1515 Medford Road

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **16 Feb. 1884** 9. AGE (In years, last birthday) **68** 10. Under 1 Year Months, Days 11. Under 24 Hours Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10B. KIND OF BUSINESS OR INDUSTRY **Notions**

11. BIRTHPLACE (State or foreign country) **Baltimore, Md** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **Anton Henry Klare**

14. MOTHER'S MAIDEN NAME **Mada Bolte**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO.

17. INFORMANT **Mrs. Anita Klare** ADDRESS **1515 Medford Road**
Wife

18. **491 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pneumonia - bronchial**
DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Virus Infection**
DUE TO

7 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Parkinson's Disease**
Severe

20 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) **None**

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **None**

21D. TIME (Month) (Day) (Year) (Hour) INJURY **-**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? **-**

22. I hereby certify that I attended the deceased from **7 March, 1952** to **13 March, 1952**, that I last saw the deceased alive on **12 March 1952** that death occurred at **6.30 a.m.** from the causes and on the date stated above.

23A. SIGNATURE **Erinadze K. Nichols M.D.**

23B. ADDRESS

23C. DATE SIGNED **13 March 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY **Greenmount**

24D. LOCATION (City, town, or county) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR
MAR 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. 1900 Eutaw Place
M B Mitchell

Friday, April 10th

246
52 2545BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2545

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hannah Mc Cleary			2. DATE OF DEATH March 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY C. CITY OR TOWN 2529 W. North Ave Balto Md		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2529 W. North Ave Balto Md			D. STREET ADDRESS (If rural, give location) 2529 W. North Ave		
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH May 25 1882		
9. AGE (In years last birthday) 70			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		
11. BIRTHPLACE (State or foreign country) Chanceford York Co			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Henry Mc. Cleary			14. MOTHER'S MAIDEN NAME Mary Mc. Gark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Clarence Mc Cleary Red Join			ADDRESS Penna		

18. 794X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Senility

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1952 to Mar 13, 1952, that I last saw the deceased alive on Mar 13, 1952, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)24B. DATE
195224C. NAME OF CEMETERY OR CREMATORY
Mc. Kenbree Cemetery24D. LOCATION (City, town, or county) (State)
Delta PennaDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1952

Huntington Williams, M.D.

David R. Martin 1902 Eutaw Place

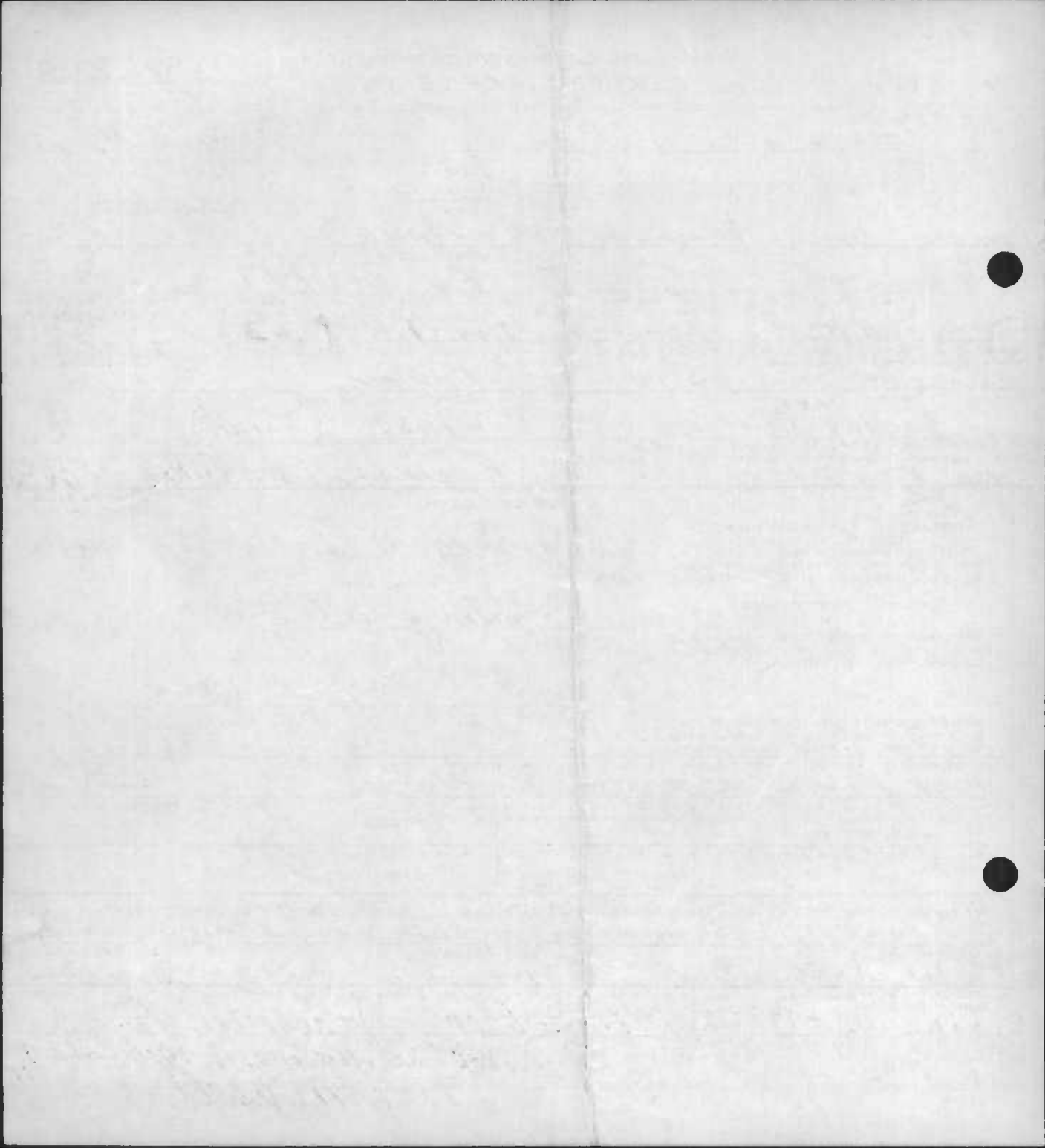
David R. Martin

VS 150

200
52 2546BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2546

1. NAME OF DECEASED (Type or Print) <i>Cecelia Lee McKay</i>		2. DATE OF DEATH <i>Mar. 14, 1952</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>		C. CITY OR TOWN <i>SEVERNA PARK</i> D. STREET ADDRESS (If rural, give location) <i>P.O. Box 247</i>	
6. Length of stay in Baltimore <i>5200</i>		8. DATE OF BIRTH <i>Nov. 17, 1888</i>	
5. SEX <i>Fem</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	9. AGE (In years last birthday) <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Lee Dudley Miller</i>		14. MOTHER'S MAIDEN NAME <i>Glass (Sarah)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Patient + Antrim A. McKay</i>		ADDRESS <i>Severna Park, Md.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Myocardial Infarction</i> DUE TO <i>Coronary Sclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>14</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>MAR 1-1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cystocele, Rectocele</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar. 3</i> , 1952 to <i>Mar 14</i> , 1952, that I last saw the deceased alive on <i>MAR 14</i> , 1952, and that death occurred at <i>8:15 Am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. H. Norton Sr. D.</i>		23B. ADDRESS <i>Hospital for Women of Md.</i>	
23C. DATE SIGNED <i>Mar. 14-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>3-17-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Hebron</i>		24D. LOCATION (City, town, or county) (State) <i>Winchester, Va.</i>	
25. FUNERAL DIRECTOR <i>John O. Mitchell & Sons, Inc. 1900 Eutaw Pl.</i>		ADDRESS <i>7M B Mitchell</i>	



452
52 2547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2547
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Catherine Blanch</i>		2. DATE OF DEATH <i>Mar. 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>276 Herring Court</i>		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-29-80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>N. Carolina</i>
13. FATHER'S NAME <i>John Blaine</i>		14. MOTHER'S MAIDEN NAME <i>Ely - I</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>204.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>1</i> <i>Subarachnoid hemorrhage</i> DUE TO <i>Lymphatic leukemia</i> DUE TO <i>11</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Subarachnoid hemorrhage</i> <i>Lymphatic leukemia</i> <i>11</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/8</i> , 19 <i>52</i> to <i>3/14</i> , 19 <i>52</i> that I last saw the deceased alive on <i>3/14</i> , 19 <i>52</i> and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John Collins Hursey</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Mar. 14, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>3-28-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>		25. FUNERAL DIRECTOR <i>Locky & Zehn 403 S. Wolff St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1952</i>					
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>					

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Social Security Number	
13. Signature of Physician		14. Signature of Registrar		15. Signature of Informant		16. Date of Registration	
17. Signature of Medical Examiner		18. Signature of Coroner		19. Signature of Jury		20. Signature of Judge	
21. Signature of District Attorney		22. Signature of County Clerk		23. Signature of Town Clerk		24. Signature of Village Clerk	
25. Signature of City Clerk		26. Signature of County Sheriff		27. Signature of Town Sheriff		28. Signature of Village Sheriff	
29. Signature of City Sheriff		30. Signature of County Jail		31. Signature of Town Jail		32. Signature of Village Jail	
33. Signature of City Jail		34. Signature of County Prison		35. Signature of Town Prison		36. Signature of Village Prison	
37. Signature of City Prison		38. Signature of County Asylum		39. Signature of Town Asylum		40. Signature of Village Asylum	
41. Signature of City Asylum		42. Signature of County Hospital		43. Signature of Town Hospital		44. Signature of Village Hospital	
45. Signature of City Hospital		46. Signature of County Dispensary		47. Signature of Town Dispensary		48. Signature of Village Dispensary	
49. Signature of City Dispensary		50. Signature of County Health Officer		51. Signature of Town Health Officer		52. Signature of Village Health Officer	
53. Signature of City Health Officer		54. Signature of County Board of Health		55. Signature of Town Board of Health		56. Signature of Village Board of Health	
57. Signature of City Board of Health		58. Signature of County Board of Supervisors		59. Signature of Town Board of Supervisors		60. Signature of Village Board of Supervisors	
61. Signature of City Board of Supervisors		62. Signature of County Board of Elections		63. Signature of Town Board of Elections		64. Signature of Village Board of Elections	
65. Signature of City Board of Elections		66. Signature of County Board of Freeholders		67. Signature of Town Board of Freeholders		68. Signature of Village Board of Freeholders	
69. Signature of City Board of Freeholders		70. Signature of County Board of Assessors		71. Signature of Town Board of Assessors		72. Signature of Village Board of Assessors	
73. Signature of City Board of Assessors		74. Signature of County Board of Taxpayers		75. Signature of Town Board of Taxpayers		76. Signature of Village Board of Taxpayers	
77. Signature of City Board of Taxpayers		78. Signature of County Board of Commissioners		79. Signature of Town Board of Commissioners		80. Signature of Village Board of Commissioners	
81. Signature of City Board of Commissioners		82. Signature of County Board of Justices		83. Signature of Town Board of Justices		84. Signature of Village Board of Justices	
85. Signature of City Board of Justices		86. Signature of County Board of Magistrates		87. Signature of Town Board of Magistrates		88. Signature of Village Board of Magistrates	
89. Signature of City Board of Magistrates		90. Signature of County Board of Judges		91. Signature of Town Board of Judges		92. Signature of Village Board of Judges	
93. Signature of City Board of Judges		94. Signature of County Board of Clerks		95. Signature of Town Board of Clerks		96. Signature of Village Board of Clerks	
97. Signature of City Board of Clerks		98. Signature of County Board of Deputies		99. Signature of Town Board of Deputies		100. Signature of Village Board of Deputies	

452
2548
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2548

1. NAME OF DECEASED (Type or Print) Henry Williams - Sr.			2. DATE OF DEATH 3-14-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto., Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 25-06		
b. FULL NAME OF (If not in hospital or institution, give street address or location) South Balto. Gen. Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3712 Leo St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8, 1889	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard			10b. KIND OF BUSINESS OR INDUSTRY Refinery		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Hamilton Williams			14. MOTHER'S MAIDEN NAME Annie Waterworth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Rosella Williams			ADDRESS Same		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery occlusion hours	CAUSE OF DEATH (A) Coronary artery occlusion hours DUE TO (B) Arteriosclerosis heart disease years DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral pleural effusion		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 29, 1952** to **March 14, 1952**, that I last saw the deceased alive on **March 14, 1952** and that death occurred at **8:50 a.m.**, from the causes and on the date stated above.

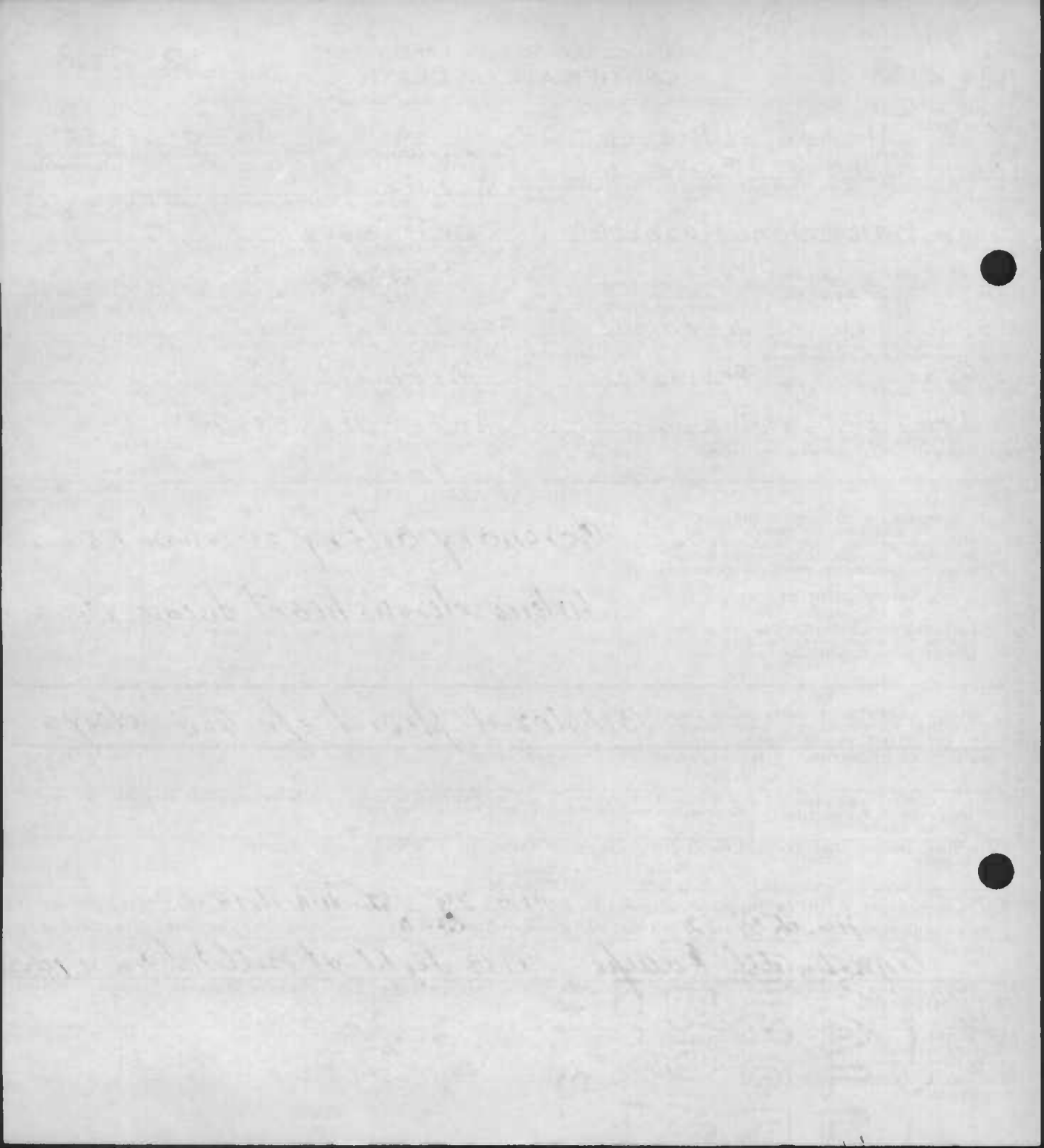
23a. SIGNATURE Agustín del Campo	23b. ADDRESS 1213 Light St Baltimore	23c. DATE SIGNED March 14, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial -	24b. DATE 3-17-52	24c. NAME OF CEMETERY OR CREMATORY Holy Cross	24d. LOCATION (City, town, or county) (State) Balto - Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR F. J. Lilly	ADDRESS 403 S. Wolfe St

VS 150

763 45

MEDICAL CERTIFICATION



420
52 2549BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2549
Registered No. *1 Am*

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph Mills</i>		2. DATE OF DEATH <i>3-14-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>310 N. Carrollton Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>18-02</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>310 N. Carrollton Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 15-1865</i>	9. AGE (In years last birthday) <i>86</i>	10. Under 1 Year Months: <i>11</i> Days: <i>29</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stenographer</i>		11. BIRTHPLACE (State or foreign country) <i>Calvert Co. Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Urban</i>		14. MOTHER'S MAIDEN NAME <i>Lucie Green</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Clemenza Mills 310 N Carrollton Ave</i>	

18. <i>442X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>hypertensive cardio-renal disease</i>	<i>5 yrs</i>
ANTECEDENT CAUSES	(B) _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>arterio-sclerosis</i>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *JUN 1947* to *MAR 14, 1952* at I last saw the deceased alive on *3-13, 1952* and that death occurred at *1:15 P.M.* from the causes and on the date stated above.

23A. SIGNATURE *[Signature]* 23B. ADDRESS *1500 EAST BAYVIEW, BALTIMORE, MD.* 23C. DATE SIGNED *3-15-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>James A. Hayes</i>	ADDRESS <i>634 N. Rutland</i>

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2550**

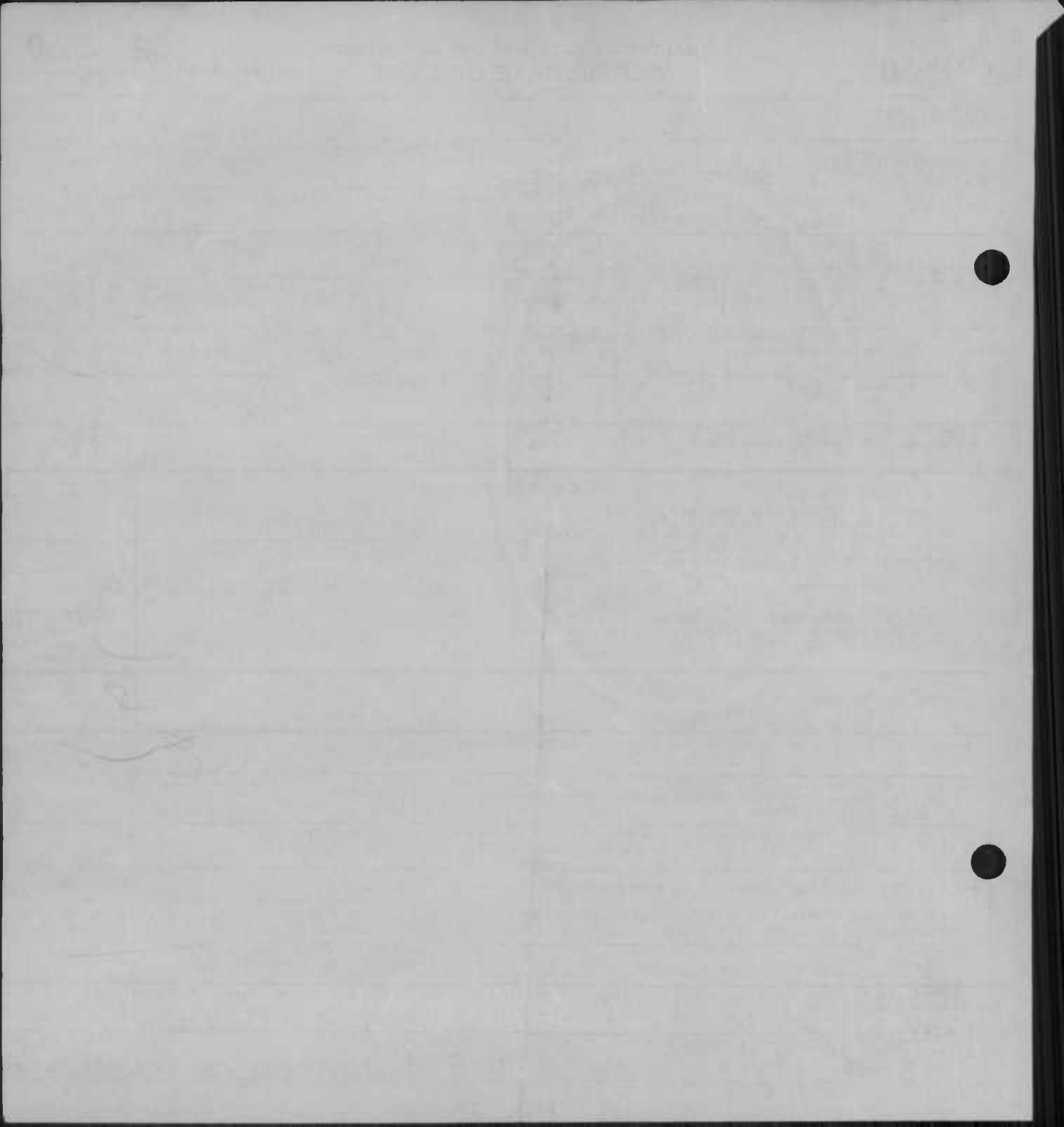
BIRTH NO. **52 2550**

1. NAME OF DECEASED (Type or Print) MARY C. WHORLEY			2. DATE OF DEATH March 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 622 Sarah Ann Street			E. LENGTH OF STAY IN BALTIMORE 18-01		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 9, 1923	9. AGE (In years last birthday) 28	10. MONTHS 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10B. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME P.			14. MOTHER'S MAIDEN NAME Edna Whorley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Pauline Doles		
			ADDRESS 822 Sarah Ann St		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Recently delivered pregnancy		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley B. Dunlacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED March 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Mar. 13, 1952	24C. NAME OF CEMETERY OR CREMATORY W. T. Zion Am. Lonsdowne	24D. LOCATION (City, town, or county) (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952	REGISTRAR'S SIGNATURE <i>W. Williams</i>	25. FUNERAL DIRECTOR D. E. Kate R. Williams		
		ADDRESS 322 N. Schroeder St		

MEDICAL CERTIFICATION



600
52 2551BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2551

1. NAME OF DECEASED
(Type or Print)

Glen P. Murray

2. DATE
OF
DEATH

March 14th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4731 Alhambra Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4731 Alhambra Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-12-1908

9. AGE (in years
last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Heacht

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elmer Murray

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ouida Murray 4731 Alhambra Ave.

18. 42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Coronary Occlusion

DUE TO

12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Acute Coronary Occlusion
(1st attack)

DUE TO

2 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1952, to Mar. 14, 1952 that I last saw the
deceased alive on MAR. 13, 1952 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Mar. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-15-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Harlan Kentucky

DATE RECEIVED BY
LOCAL REGISTRAR

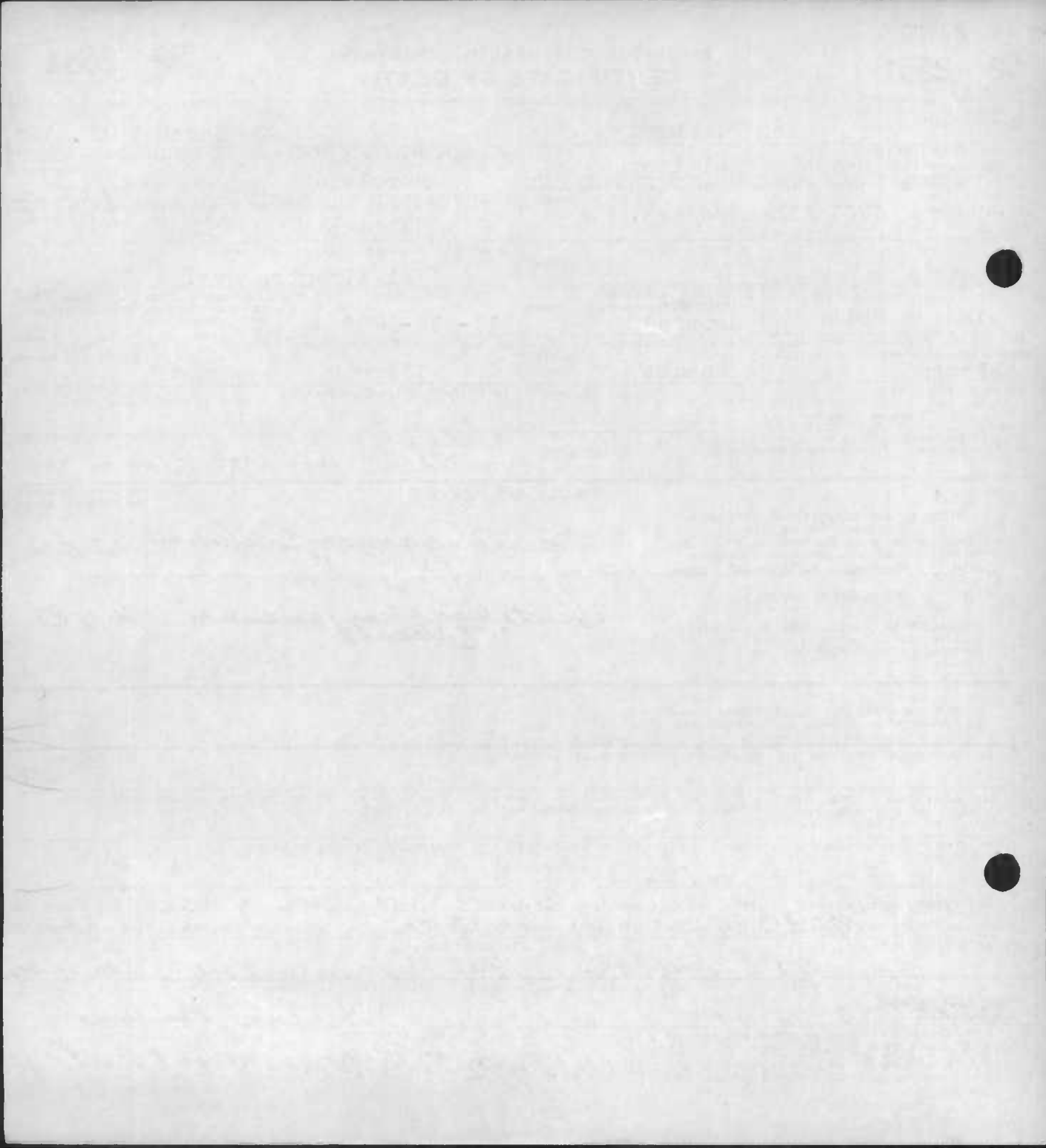
REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

John E. Moran 3000 E. Balto. St.



210
52 2552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2552

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILDRED D. JACOB

2. DATE
OF
DEATH

Mar. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

26 S. Bernice Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

26 S. Bernice Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Mar. 7, 1923

9. AGE (In years,
last birthday)

29

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Collection Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Mail Order

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William D. Steigerwald

14. MOTHER'S MAIDEN NAME

Catherine Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
215-18-5315

17. INFORMANT

ADDRESS

Mrs. Catherine Steigerwald-26 S. Bernice Ave.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) OUE TO

Carcinoma of Cervix

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) OUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1951, to 2-13, 1952, that I last saw the deceased alive on 2-13, 1952, and that death occurred at 5:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Schuman

M. O.

23B. ADDRESS

1201 Poplar Street

23C. DATE SIGNED

3-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

A. A. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

John A. Schuman

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

BUREAU OF COMMERCE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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52 2553
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2553

1. NAME OF DECEASED (Type or Print) <i>Thomas J. LEAGUE</i>		2. DATE OF DEATH <i>3.14.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2502 Chelsea Terr.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb 5, 1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Asst. Yard Master</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Terminal</i>	9. AGE (In years last birthday) <i>76</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas League</i>		14. MOTHER'S MAIDEN NAME <i>Violet Lemmon</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. H. P. Wright - 2502 Chelsea Terr.</i>		ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Embolism of femoral arteries</i> DUE TO (B) <i>Auricular fibrillation</i> DUE TO (C) <i>Coronary thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3.12.52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>3.14.52</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3.12.52</i> to <i>3.14.52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3.14.52</i> , 19 <i>52</i> and that death occurred at <i>4:45</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Sze-jin Lin</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>3.14.52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 1 5 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. F. Sickner & Sons</i> <i>Balto 17, Md.</i>	

245

195

THE UNIVERSITY OF CHICAGO
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1951



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2554
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) VIRGINIA WILLIS AMES			2. DATE OF DEATH Mar. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Kennesaw Rest Home 2601 Roslyn Ave.			C. CITY OR TOWN (If outside corporate limits, give town and county) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4504 Penhurst Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH May 12, 1873		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME W. L. Custis Willis			14. MOTHER'S MAIDEN NAME Virginia Foreman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT Mr. Edward J. Ames, Jr. - 908 E. Joppa Rd		

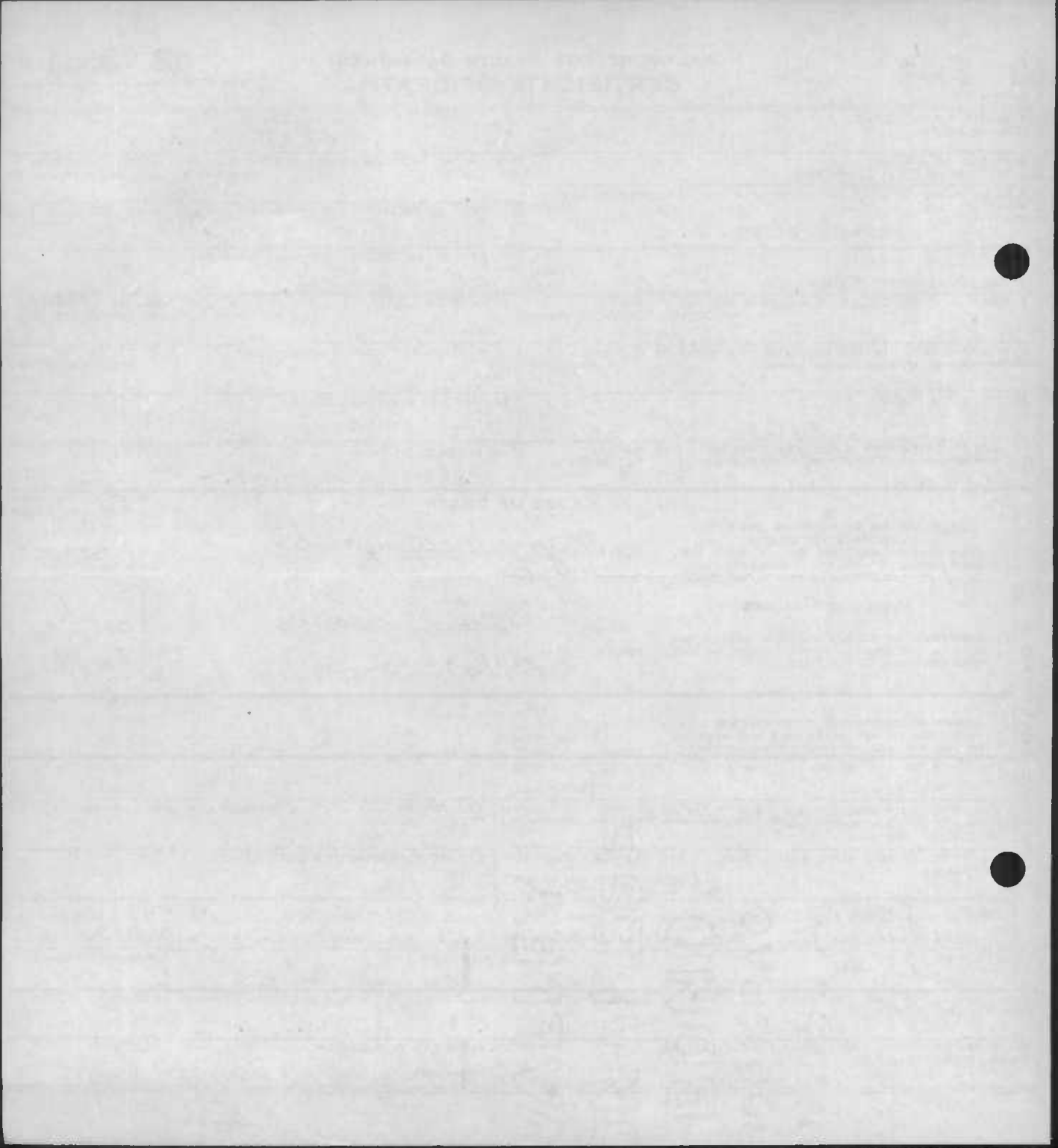
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary Occlusion DUE TO (C) Atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH 1 hr.? ? wks. ? yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 13**, 1952, to **Mar. 14**, 1952, that I last saw the deceased alive on **Mar. 14**, 1952, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Doyle B. Smith M.D.		23B. ADDRESS M. D. ...		23C. DATE SIGNED 3/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. Lickner & Sons	
				ADDRESS Bath 17 Mld.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2555**

200
52 2555
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katherine Bock			2. DATE OF DEATH 3/13/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 662 Washington Blvd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 55 yrs			D. STREET ADDRESS (If rural, give location) 662 Washington Blvd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1872		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hertel			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Charles Bock, 662 Washington Blvd.		

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Anteromedian Heart Disease DUE TO (B) Anteromedianis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1951 , to March 13, 1952 , that I last saw the deceased alive on March 11, 1952 , and that death occurred at 3:50 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Martha L. Sussman		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED 3-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. 3801 Frederick Rd., Balto. 29, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry H. Kutzke ADDRESS 4101 Hammondson Ave.	

REPUBLIC OF CHINA
MINISTRY OF NATIONAL DEFENSE
OFFICE OF THE CHIEF OF STAFF

SECRET

Reference No.

Subject

Date

Place

Time

Weather

Visibility

Direction of Wind

Force of Wind

State of Sky

Amount of Clouds

Height of Clouds

Direction of Current

Force of Current

Direction of Tide

Force of Tide

Direction of Wave

Force of Wave

Direction of Swell

Force of Swell

Direction of Surf

Force of Surf

Direction of Undercurrent

Force of Undercurrent

Direction of Surface Current

Force of Surface Current

Direction of Bottom Current

Force of Bottom Current

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2556
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CONGETTO

(Sony) LIMA

2. DATE
OF
DEATH

March 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2687 Eagle St.

Length of stay in Baltimore

48 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 27, 1876

9. AGE (in years
last birthday)

75

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lima

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James X. Lima, 2901 Zaverland

18. E 900.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture dislocation of second

DUE TO cervical vertebra

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Tavern

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2696 Wilkins Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 12, 1952 6:00 P.m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down cellar steps

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. H. H.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D.

MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mch. 15/52

24C. NAME OF CEMETERY OR CREMATORY

Int. Oliver, 2930 Frederick Ave. Balt. Ind.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

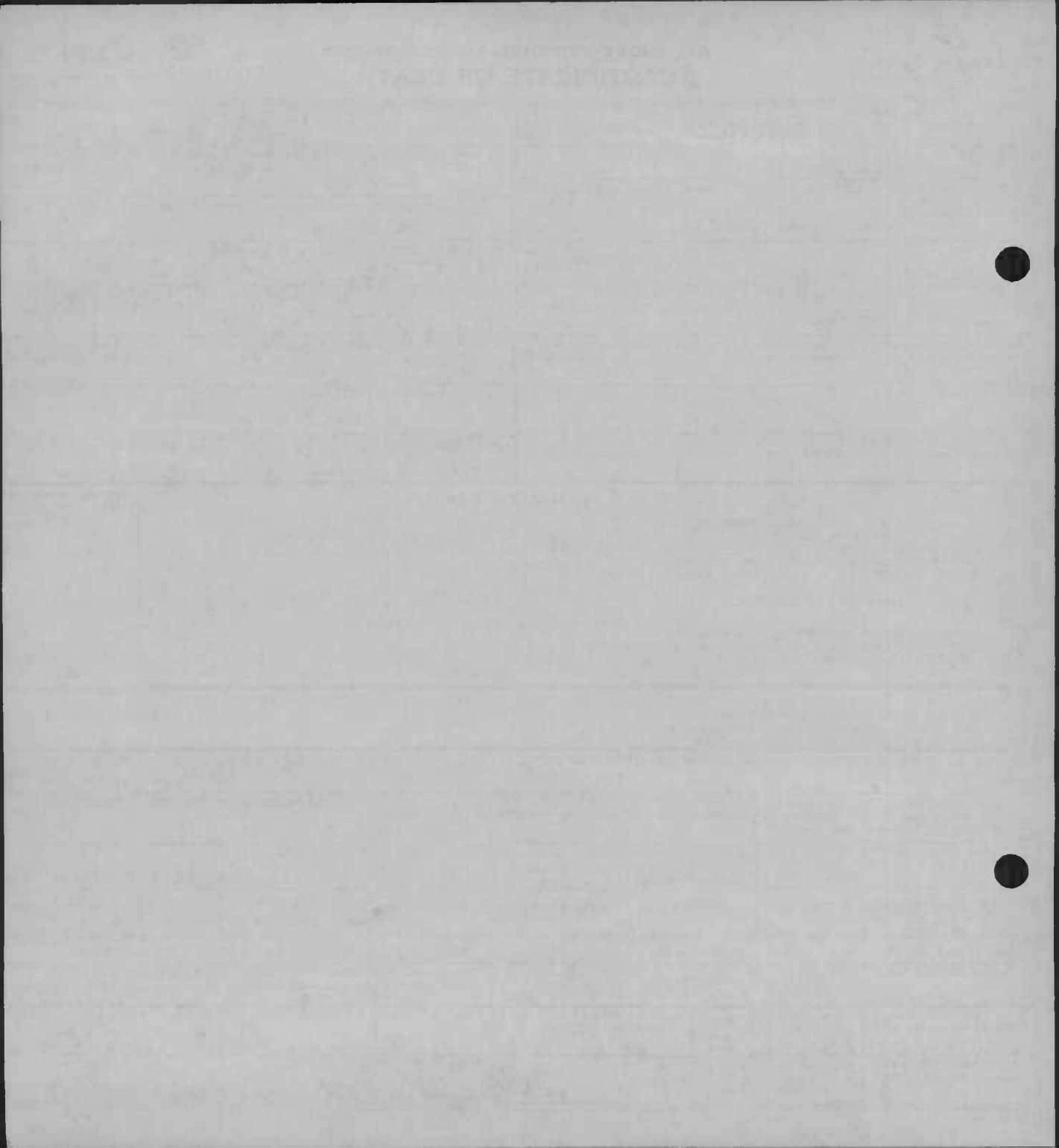
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2557**

1. NAME OF DECEASED (Type or Print) BARBARA WEITZEL				2. DATE OF DEATH 3-13-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 16-08			
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD., INC.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore APPROX. 50 Mos. Days				D. STREET ADDRESS (If rural, give location) 3922 WOODBRIDGE RD. #29			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 25, 1914	9. AGE (in years last birthday) 37 58	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ? Frank Sanders				14. MOTHER'S MAIDEN NAME Margaret Weiman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT CATHERINE B. ROCH		ADDRESS 210 OVERLOOK RD.	

18. 42011 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A)	UREMIA	10 days
ANTECEDENT CAUSES		(B)	HYPERTENSIVE-CARDIO-VASC. DISEASE WITH LEFT HEART STRAIN AND CORONARY INSUFFICIENCY	Several years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 3/13/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **3/3**, 19**52**, to **3/13**, 19**52**, that I last saw the deceased alive on **3/13**, 19**52**, and that death occurred at **6:10 P** m., from the causes and on the date stated above.

23A. SIGNATURE E. P. Altman	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 3/13/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/18/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) 5501 Frederick Rd. Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Edmondson Ave.	ADDRESS 4101 Edmondson Ave.
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BARBARA WHITE

UNITED STATES OF AMERICA

1944

1944

1944

UNITED STATES OF AMERICA

1944

UNITED STATES OF AMERICA

X

1944

1944

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2558
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emma E. Fantom

2. DATE
OF
DEATH

March 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1508 Ramsay St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1508 Ramsay St

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOW, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 9, 1872

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

----Wilbur

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Samuel J. T. Fantom, 1508 Ramsay St

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **coronary occlusion**

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ASCVD**

unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **3-7-52**, 19__, to **3-13-52**, 19__, that I last saw the deceased alive on **3-12**, 19**52**, and that death occurred at **2 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Nathan Rausin

23B. ADDRESS

206 S. Gilmore St.

23C. DATE SIGNED

3.14.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Pk. Dorsey, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

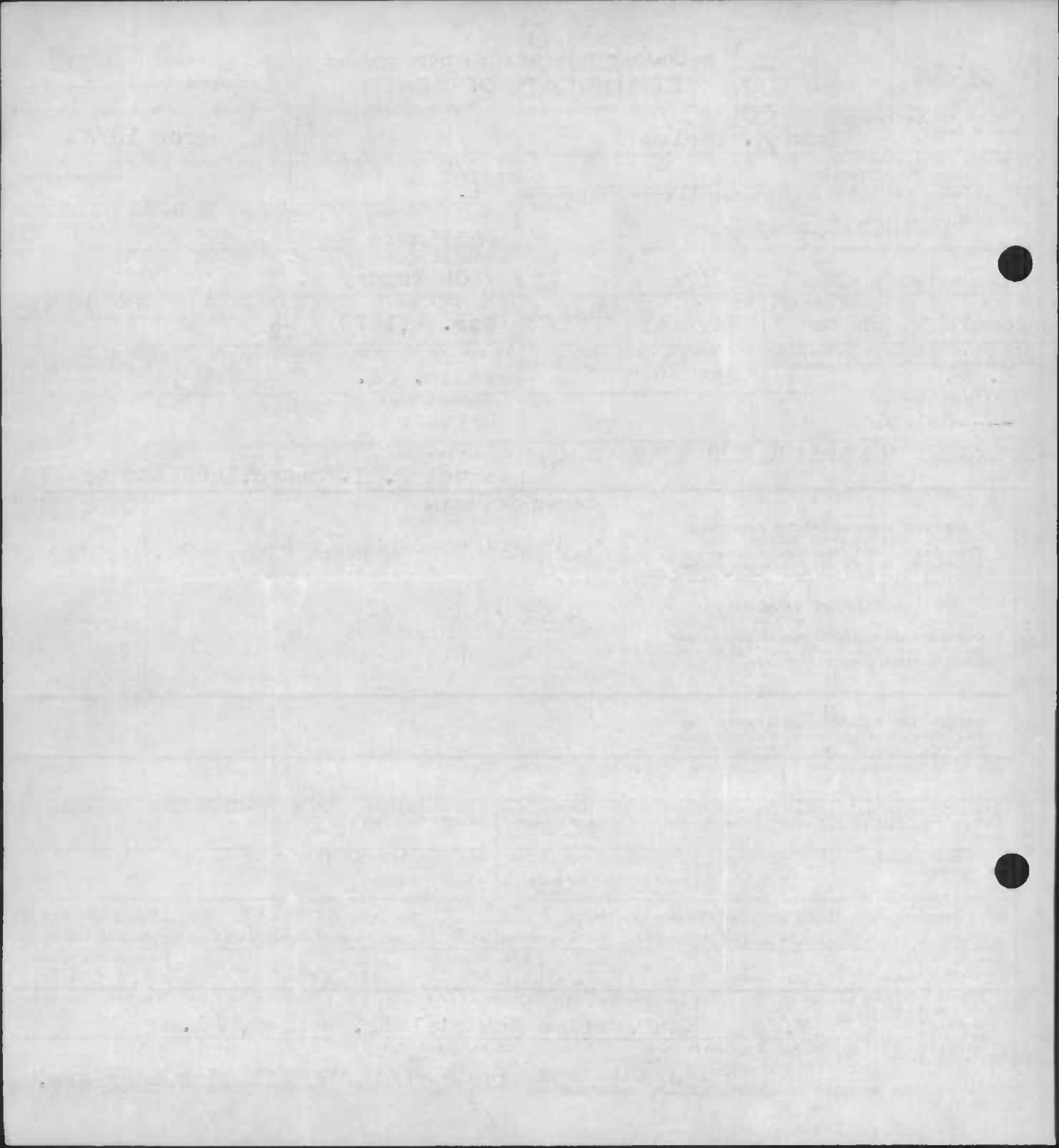
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

101 Edmondson Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Dorothea Essig

2. DATE
OF
DEATH

3/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2921 Virginia Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2921 Virginia Ave

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 25, 1866

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

85

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew W. Essig

14. MOTHER'S MAIDEN NAME

Margaret-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Pahl, 2921 Virginia Ave

18. **153X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cancer of Bowel**

DUE TO

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Myocarditis**

DUE TO

3 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Jaundice

3 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec 27**, 1951, to **March 12**, 1952, that I last saw the deceased alive on **March 7**, 1952, and that death occurred at **2:25 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

F. L. DeBarbari

M. D.

4723 Park Heights Ave.

March 14 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/15/52

Loudon Pk.

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1952

Thurston Williams

Henry H. Witzke

4101 Edmondson Ave.

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of _____

Date _____

Decedent's Name _____

Age _____ Sex _____

Married _____ Single _____

Occupation _____

Place of Birth _____

Signature of _____

Deceased on _____ at _____

Cause of Death _____

Physician's Name _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

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Signature of _____

Signature of _____

Signature of _____

Signature of _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2560**

230
52 2560
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edgar Nelson Duckett, Sr.			2. DATE OF DEATH 3/13/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY 27-38		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1714 Swansea Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Lifer			D. STREET ADDRESS (If rural, give location) 1714 Swansea Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8, 1890		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Estimator			10B. KIND OF BUSINESS OR INDUSTRY Hochschild Kohn & Co.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James N. Duckett			14. MOTHER'S MAIDEN NAME Elizabeth Ellen Grimes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 215 10 9899		
17. INFORMANT Mrs. Claudia S. Duckett			ADDRESS 1714 Swansea Ave		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks
(A) DUE TO cardio-vascular disease		
(B) DUE TO Cerebral thrombosis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/11**, 19**52** to **3/13**, 19**52**, that I last saw the deceased alive on **3/13/52**, 19**52**, and that death occurred at **1:45** p.m., from the causes and on the date stated above.

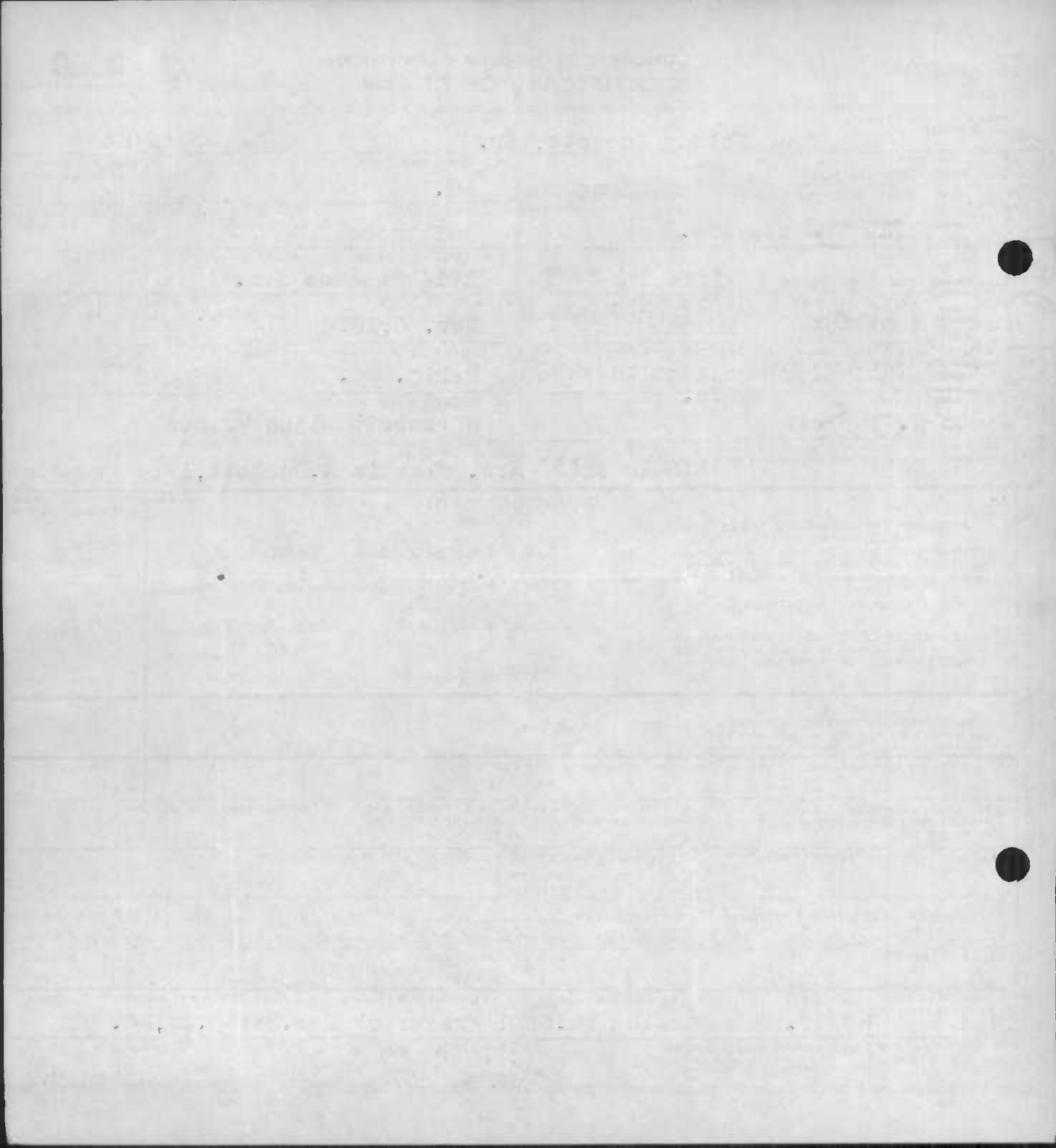
23A. SIGNATURE Huntington W. Williams MD		23B. ADDRESS 2030 Wilkerson Ave		23C. DATE SIGNED 3/15/52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. 3801 Frederick Ave. Balto. 29, Md.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		REGISTRAR'S SIGNATURE Huntington W. Williams		25. FUNERAL DIRECTOR Harry H. Duffie		ADDRESS 4101 Edmondson Ave	
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390 CC

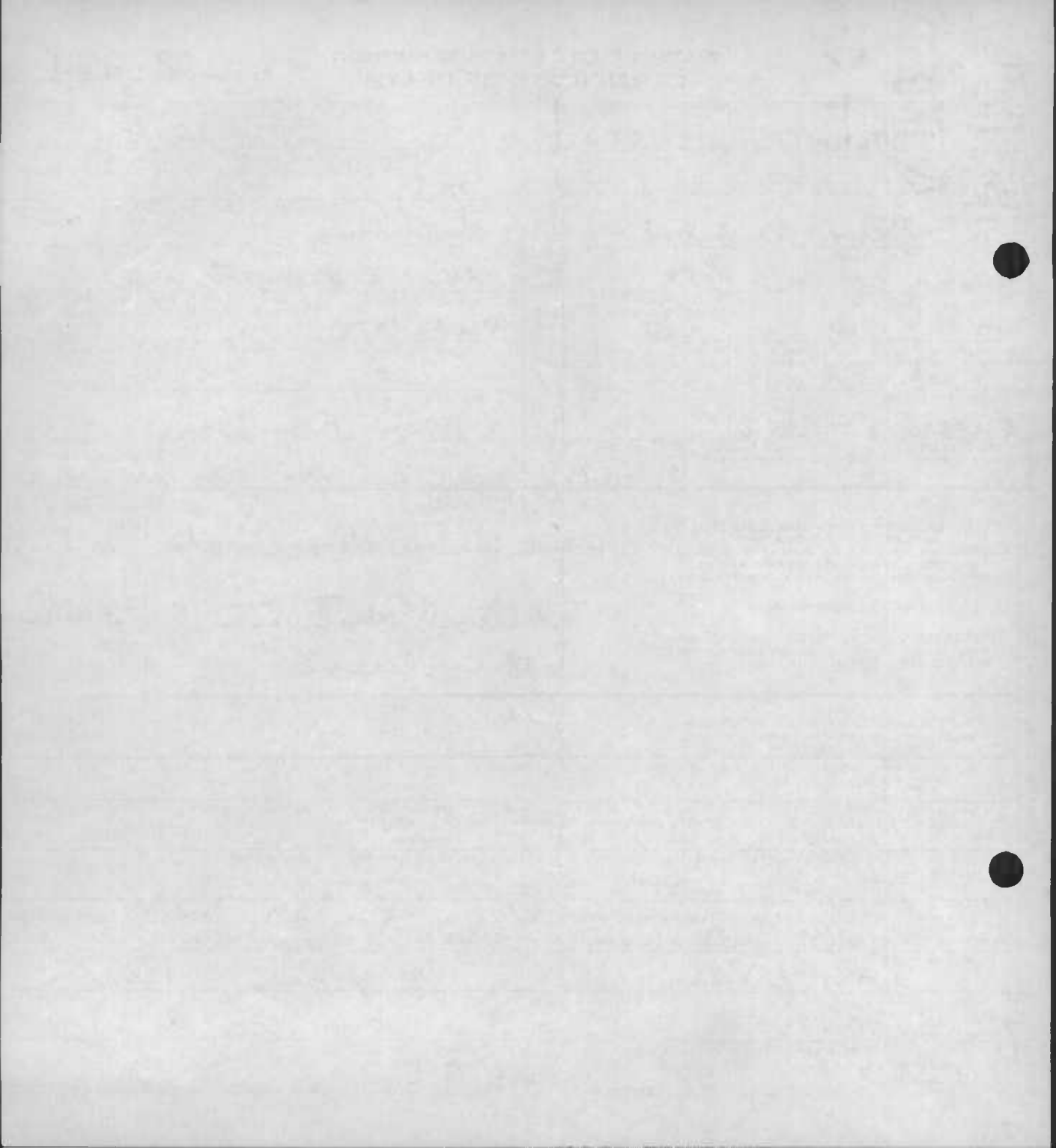
MEDICAL CERTIFICATION



632
52 2561
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2561

1. NAME OF DECEASED (Type or Print) PRITCHETT, RICHARD			2. DATE OF DEATH 3/14/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2427 E Lafayette Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wid	8. DATE OF BIRTH Mar 22 1878	9. AGE (in years last birthday) 73	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. Clerk			10B. KIND OF BUSINESS OR INDUSTRY J. F. Kelly Nelson		
11. BIRTHPLACE (State or foreign country) md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Richard Pritchett			14. MOTHER'S MAIDEN NAME Sadie R Ingraham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 215-16-0071		
17. INFORMANT Sadie L. Ruff			ADDRESS 2427 East Lafayette Ave.		
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) acute cardiac decompensation DUE TO INTERVAL BETWEEN ONSET AND DEATH 10 hrs.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) intestinal obstruction DUE TO (C) atherosclerosis			3 wks		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH no		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/11 , 19 52 to 3/14 , 19 52 ; that I last saw the deceased alive on 3/14 , 19 52 , and that death occurred at 12:20 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE F. R. Ferilla			23B. ADDRESS Mercy Hosp		23C. DATE SIGNED 3/14/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Tourmal		24B. DATE 3-17-52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Am.		24D. LOCATION (City, town, or county) (State) Rose Street Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952			REGISTRAR'S SIGNATURE Huntington		
25. FUNERAL DIRECTOR John S. Kelly			ADDRESS 2435 E. Cheseb. St.		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2562
Registered No.

BIRTH NO. 57-28203

1. NAME OF DECEASED (Type or Print) ANTOINETTE ANDERSON		2. DATE OF DEATH 3/14/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL OF MD.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 3 Wks. Mos.		d. STREET ADDRESS (If rural, give location) 5622 PRINCE GEORGE AVE	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Dec. 1, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 3 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME ANDREW Anderson		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Josephine Seibach	
17. INFORMANT PARENTS		ADDRESS 5622 PRINCE GEORGE AVE	

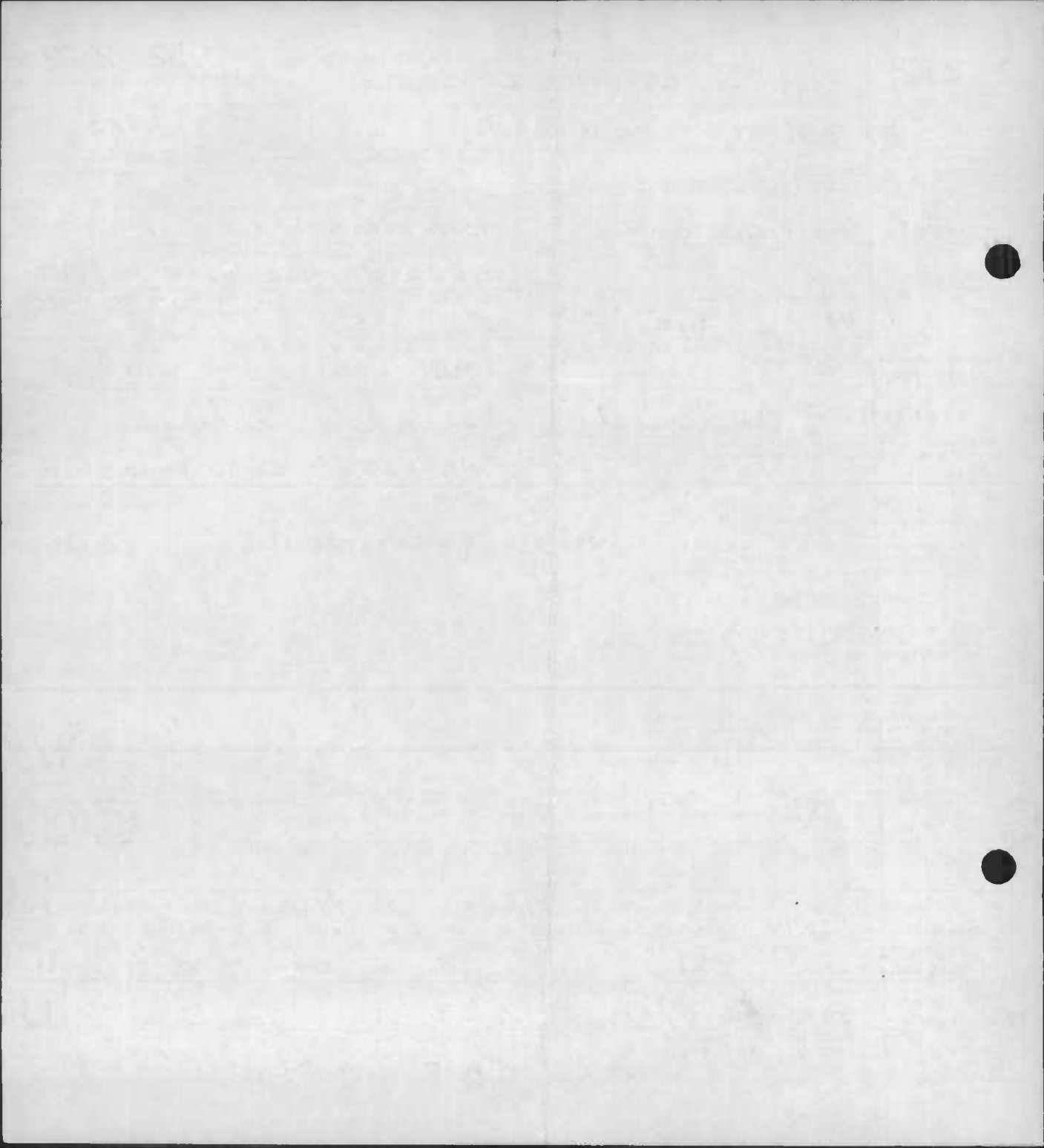
18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute gastroenteritis		INTERVAL BETWEEN ONSET AND DEATH 3 days
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Mar. 14, 1952**, to **March 14, 1952**; that I last saw the deceased alive on **Mar. 14, 1952**, and that death occurred at **12:45** m., from the causes and on the date stated above.

23A. SIGNATURE **William S. Daly** M. D. 23B. ADDRESS **Lutheran Hosp. of Md.** 23C. DATE SIGNED **3/14/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-15-52	24C. NAME OF CEMETERY OR CREMATORY Mount Olivet	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		25. FUNERAL DIRECTOR John C. Miller Inc	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 2435 E. Chesa St	



251

2 2563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52

2563

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Wall Le Compte

2. DATE
OF
DEATH

3/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6107 Marietta Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

Self

13. FATHER'S NAME

(Unknown) Wall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Julius R. Le Compte 2905 Mt. Holly St

18. 422.1 and E903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis cardiorenal
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OF CITY MEDICAL EXAMINER

INTERVAL BETWEEN
ONSET AND DEATH

3 mo

Oct 27, 1951

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore City 1845 Freedom Hwy

21E. TIME (Month) (Day) (Year) (Hour)
INJURY

Oct 27 1951 8 P. M.

21F. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21G. HOW DID INJURY OCCUR?

Fell down - to floor

22. I hereby certify that I attended the deceased from Feb 12, 1952, to March 14, 1952, that I last saw the deceased alive on March 14, 1952, and that death occurred at 12:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Le Compte

23B. ADDRESS

6217 Harford Rd

23C. DATE SIGNED

3/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

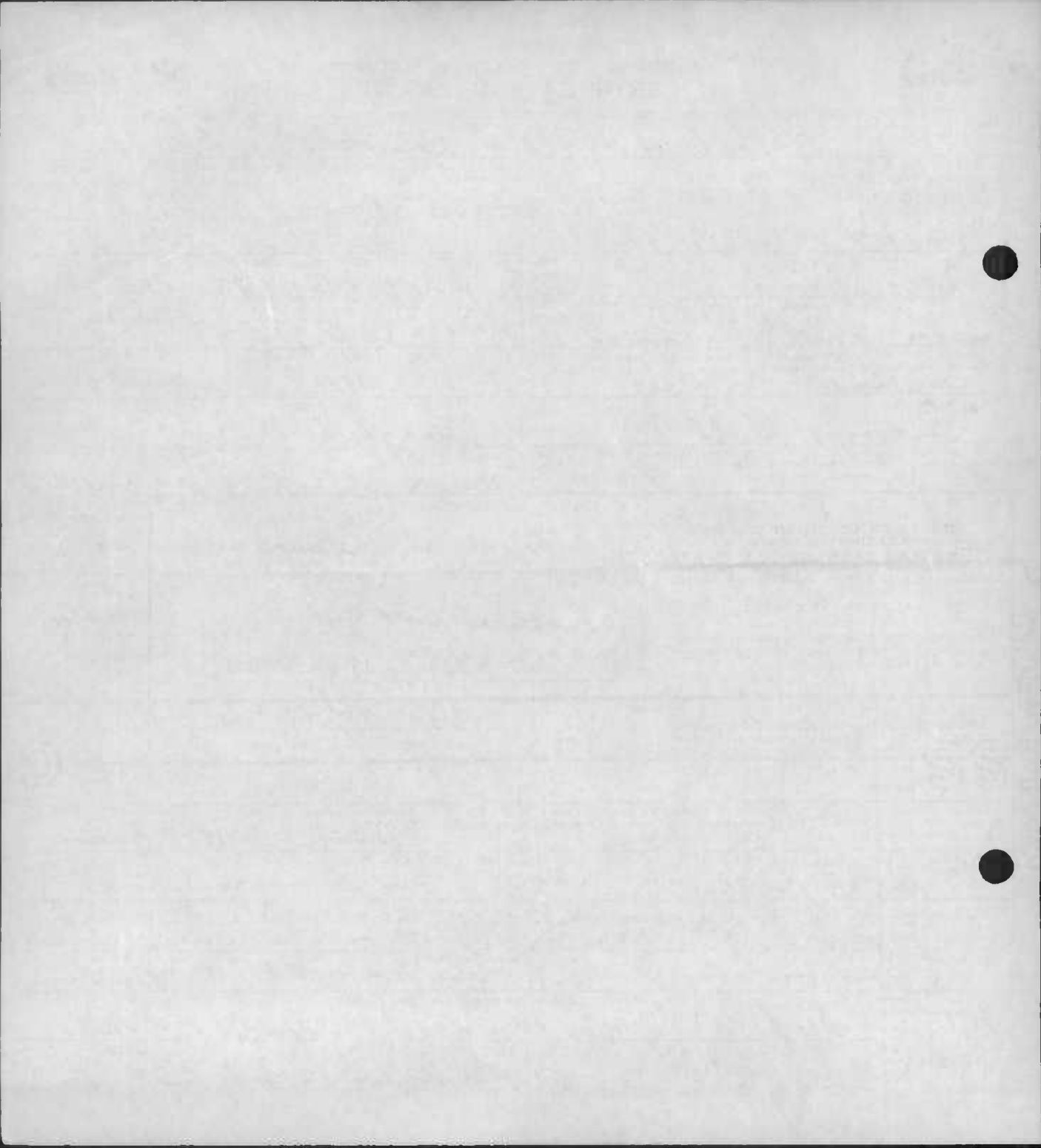
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc. 1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

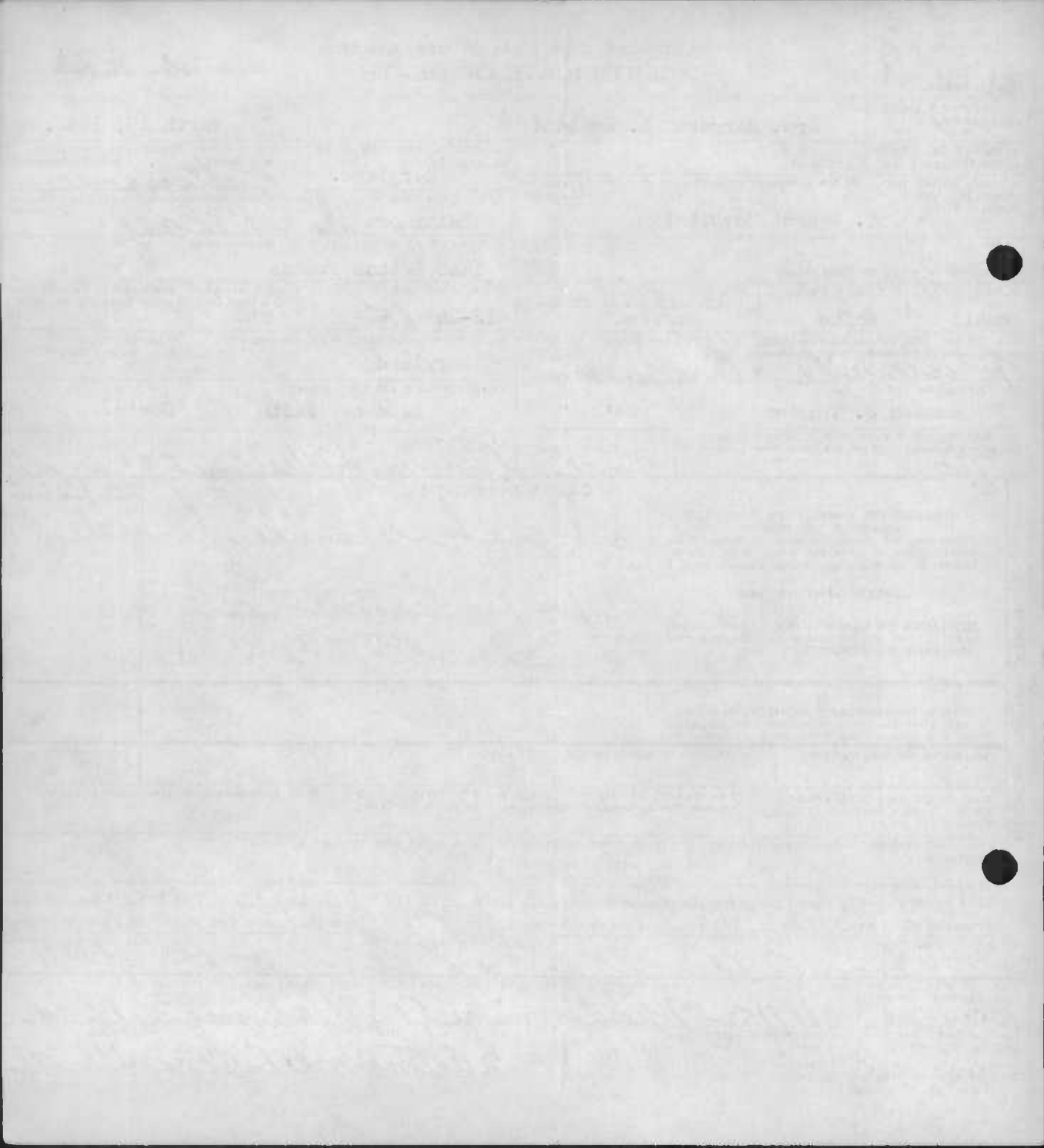
Registered No. 2564

453
BIRTH NO. 2564

1. NAME OF DECEASED (Type or Print) Mrs. Margaret L. Wehland			2. DATE OF DEATH March 13, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE St. Agnes' Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Co. Relay		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1846 Sutton Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-24-85	9. AGE (In years last birthday) 66	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Own home		
11. FATHER'S NAME Edward J. Turner			12. CITIZEN OF WHAT COUNTRY? Dec'd.		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			14. MOTHER'S MAIDEN NAME Rebecca Faith		
15. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Charles H. Wehland Relay Md		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cerebral Sclerotic C. V. D.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/11</u> , 1952, to <u>3/13</u> , 1952, that I last saw the deceased alive on <u>3/13</u> , 1952, and that death occurred at <u>2:45</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE John E. Fealy M. D.			23B. ADDRESS 10 Lane Harp		23C. DATE SIGNED 3/13/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/17/52	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cem.		24D. LOCATION (City, town, or county) (State) Washington Blvd.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS E. Eaton Rose Catonsville Md.	

MEDICAL CERTIFICATION

MAR 15 1952



57-156967
52 2565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2565

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward S. Ansel

2. DATE
OF
DEATH

March 14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

717 S. Bend St. zone 31

Length of stay in Baltimore

40yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 4- 1883

9. AGE (In years last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Continental Can

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Ansel

14. MOTHER'S MAIDEN NAME

Mary Maurer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

214-03-401A

17. INFORMANT ADDRESS

Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

1

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-5-1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of lung-Bronchoscopy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26-1952, to 3-14-1952, that I last saw the deceased alive on 3-14-1952, and that death occurred at 10.10 AM from the causes and on the date stated above.

23A. SIGNATURE

R. P. Crozer

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-18-52

24C. NAME OF CEMETERY OR CREMATORY

Memnonite

24D. LOCATION (City, town, or county)

McLassville, Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1952

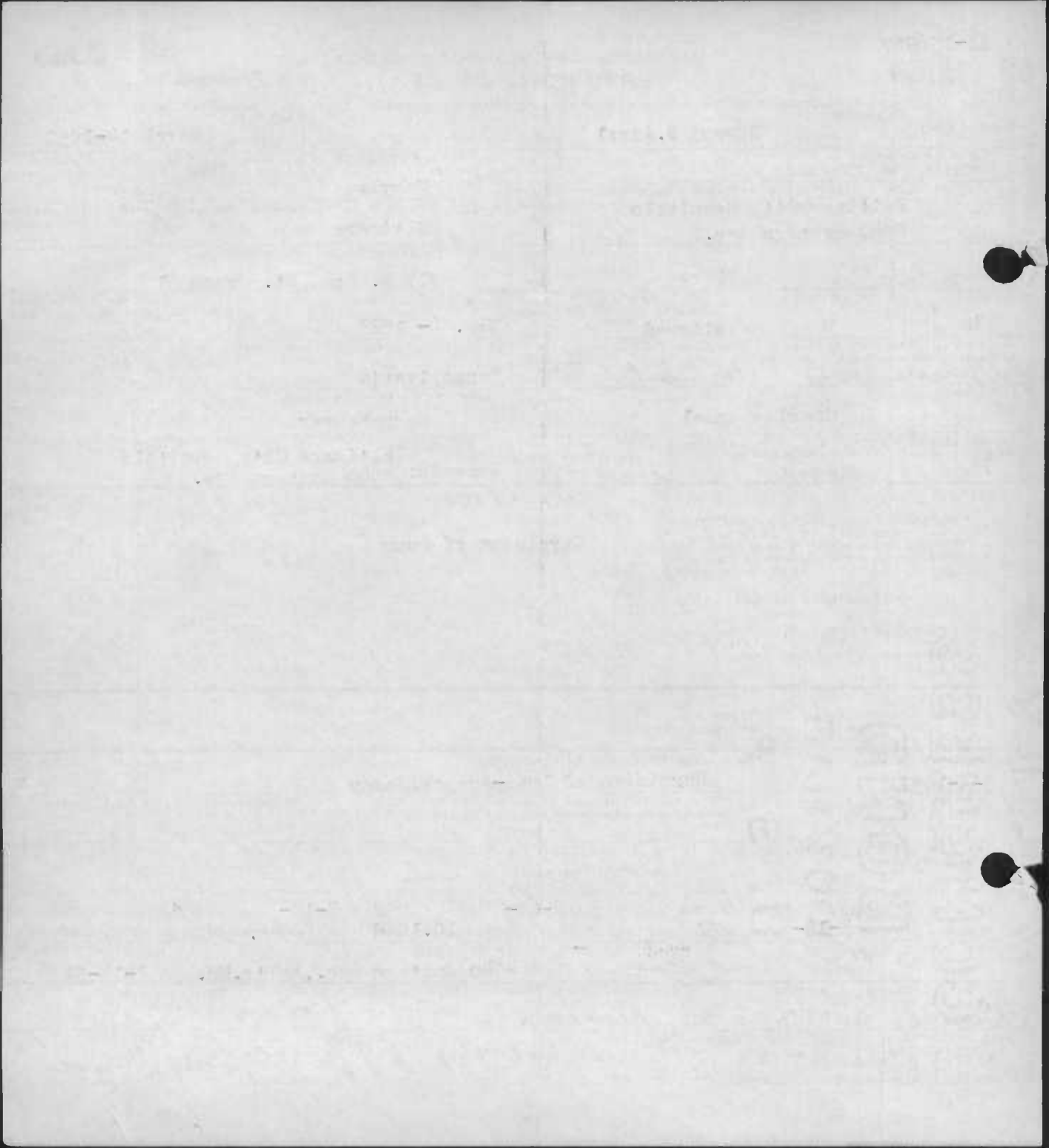
REGISTRAR'S SIGNATURE

William W. Williams

25. FUNERAL DIRECTOR

Mildred J. Bight, 6009 Harford Rd.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2566
Registered No.

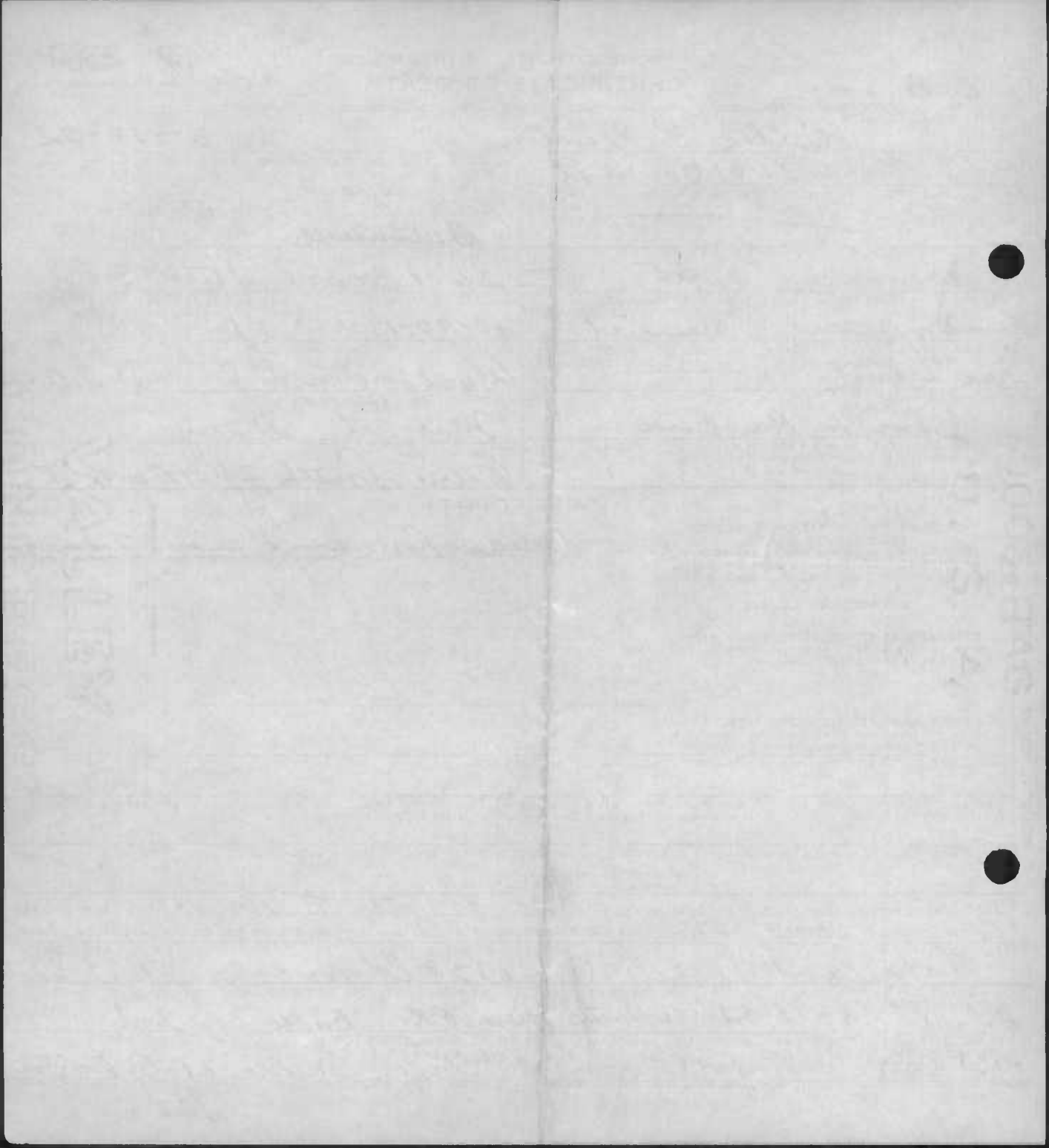
350
2 2566
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ollie H. Dutton</i>			2. DATE OF DEATH <i>3-12-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2601 Boone St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, give rural and give township) <i>Baltimore 9-04</i>		
C. Length of stay in Baltimore <i>35</i> Yrs. <i>None</i> Mos. <i>None</i> Days			D. STREET ADDRESS (If rural, give location) <i>2601 Boone Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-20-1901</i>	9. AGE (In years last birthday) <i>50</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Washington, D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John H. Hawkins</i>			14. MOTHER'S MARDEN NAME <i>Margaret Beery</i> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT ADDRESS <i>Gene Smith 2601 Boone St</i>		

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>dobar Pneumonia</i> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 days.</i>
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19A. DATE OF OPERATION <i>3-12-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) INJURY	23A. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <i>3-9-52</i> to <i>3-12-52</i> that I last saw the deceased alive on <i>3-12-52</i> and that death occurred at <i>5:30</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>H. Garland Chesield</i>		23B. ADDRESS M. D. <i>1038 Edmondson</i>		23C. DATE SIGNED <i>3-13-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-15-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Co, Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Rogner Sanders 217 E. Preston Street</i>		

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

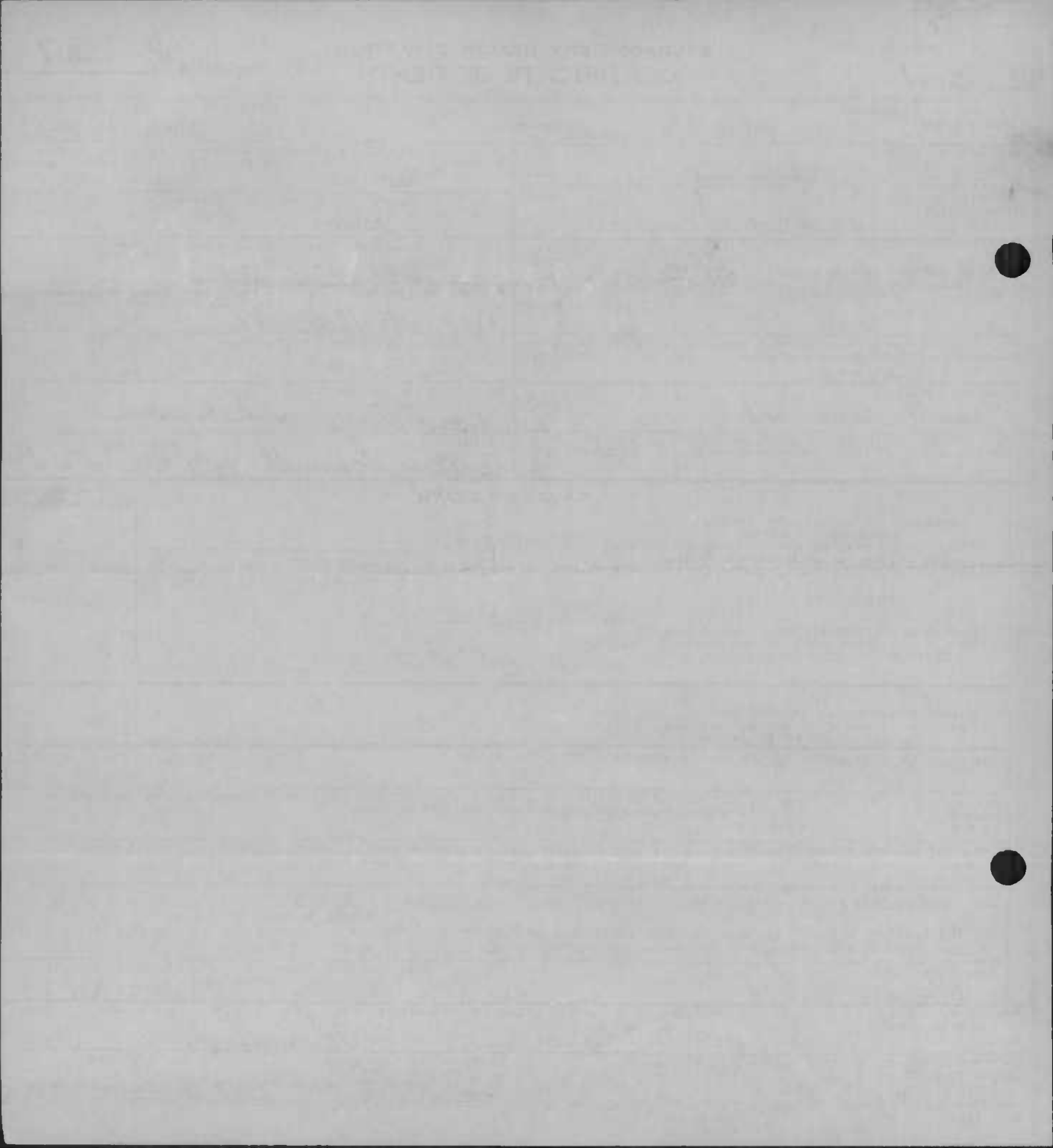
Registered No. **52 2567**

530
52 2567
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK SCHMIDT		2. DATE OF DEATH March 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 5 N. Exeter Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D.	8. DATE OF BIRTH Nov. 20 - 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Frank Schmidt		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Catherine Sherman	
16. SOCIAL SECURITY NO.		17. INFORMANT Anthony Schmidt	
		ADDRESS 14.8 Washington St	

18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) X		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty liver (B) X		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cirrhosis of the liver (C) X		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED March 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE March 15, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) (State) Carmel St. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		24F. REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR [Signature]		25A. ADDRESS 312 S. Highland Ave		25B. V.S. 151 97099	



325

52 2568

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2568

1. NAME OF DECEASED
(Type or Print) Flora Katzenstein2. DATE OF DEATH 14
3.14.19523. PLACE OF DEATH:
A. Baltimore City, Maryland Balto Md4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md B. COUNTY Marlborough AptB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Marlborough Apt 1700 Eutaw PlaceC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto MdC. Length of stay in Baltimore LifeD. STREET ADDRESS (If rural, give location)
1700 Eutaw Place

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

B. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House Work

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore Md12. CITIZEN OF WHAT COUNTRY?
U S

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Annette Ellenson 2317 Mt Holly St18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Coronary occlusion1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension cardio-vascular disease3 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Nov 46 to 3-14, 1952, that I last saw the deceased alive on 3-13, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John R. Martin

M. D.

3003 Jamaica Rd3-15-5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

3.16. 1952Oheb Shalom CemeteryO Donnel StMd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1952Huntington Williams, M.D.David R. Martin 1902 Eutaw PlaceJohn R. Martin

1900

1900

WATLEY
CORPSE
FORD
LEWIS
A. S. A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2569
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Herbert A. Hughes		2. DATE OF DEATH March 15 - 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 27-38	
c. Length of stay in Baltimore 13 yrs.		D. STREET ADDRESS (If rural, give location) 1800 Crestview Rd	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 3 - 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Spice Co.	9. AGE (In years last birthday) 59
13. FATHER'S NAME Edward Hughes		11. BIRTHPLACE (State or foreign country) Pleasant Valley Cal.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 548-18-8329		14. MOTHER'S MAIDEN NAME Barbara Rice	
17. INFORMANT Leola A. Hughes		ADDRESS 1800 Crestview Rd	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION - - - - - 1 hr Arteriosclerotic Hypertension - - - - - 8 yrs. Cardio-muscular disease -		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 12 19 48 to Mar. 15 19 52 that I last saw the deceased alive on Mar. 12 19 52 , and that death occurred at 1:45 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE March 15 - 52		24C. NAME OF CEMETERY OR CREMATORY Ocean Side Cem.		24D. LOCATION (City, town, or county) (State) Ocean Side California	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR D. Spiegel		ADDRESS 1800 E. Lombard St.	

VS 150
49063

MEDICAL CERTIFICATION

1015 8

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

1015 8



52 2570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2570

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Edward Marks

2. DATE
OF
DEATH

3-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

U.S. Public Health Service
Hospital, Baltimore 11, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Kentucky

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lexington

D. STREET ADDRESS (If rural, give location)

208 Bell Court East

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 23, 1892

9. AGE (In years,
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Attorney

10B. KIND OF BUSINESS OR
INDUSTRY

Legal

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Edward Marks

14. MOTHER'S MAIDEN NAME

Texie Edelen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records, U.S. Public Health Service Hosp.
Baltimore, Maryland

18. 901 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Hodgkin's Disease

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Bronchopneumonia

(C)

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1952 to Mar. 15, 1952 that I last saw the
deceased alive on Mar. 15, 1952 and that death occurred at 12:40 m., from the causes and on the date stated above.

23A. SIGNATURE

Donald W. Patrick, Med. Dir., Med. Off. U.S. Public Health Service Hosp.

23B. ADDRESS

23C. DATE SIGNED

3-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/15/52

24C. NAME OF CEMETERY

24D. LOCATION (City, town, or county)

(State)

Lexington, Ky.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1952

Huntington W. White, Jr., R. 2, Mt. J. Pickens & Sons

VS 150

05580

Balto. Md.

MEDICAL CERTIFICATION

10-1-1945

A

CONFIDENTIAL

CONFIDENTIAL

SECRET

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2571**

BIRTH NO. **52 2571**

1. NAME OF DECEASED (Type or Print) EDITH A. LEAKINS			2. DATE OF DEATH 3-13-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Fredrich		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fredrich		
D. Length of stay in Baltimore 1A Yrs. 1A Mos. 1A Days 1A			E. STREET ADDRESS (If rural, give location) 883 W. All Saints St 6011		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-14-89		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) md
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Andell Roberts			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Univ. Hosp. Records.		

18. 194X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) Pulmonary Embolism (occlusion of pulm. art. + valve.)		3 minutes
DUE TO		
(B) Widespread Metastases to bone, heart, adrenals.		2-3 mos
(C) Carcinoma of Thyroid		6-8 mos
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Non-toxic Nodular Goiter		15 years

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **MAR. 1, 1952** to **MAR 13, 1952**, that I last saw the deceased alive on **MAR 13, 1952**, and that death occurred at **7:55 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Robert J. Mason	23B. ADDRESS University Hosp.	23C. DATE SIGNED 3/14/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-17-52	24C. NAME OF CEMETERY OR CREMATORY Fair View Cemetery	24D. LOCATION (City, town, or county) (State) Fredrich Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1952	REGISTRAR'S SIGNATURE Thurston W. Williams, Jr.	25. FUNERAL DIRECTOR Chas. E. Hicks	ADDRESS Fredrich, Maryland

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

ANCESTRY

RESIDENCE

DATE OF ENTRY

DATE OF EXIT

DATE OF DEATH

DATE OF BURIAL

DATE OF CREMATION

DATE OF INTERMENT

DATE OF REINTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF EXHUMATION

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DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF EXHUMATION

455
52 2572BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2572

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL WOLMAN

2. DATE
OF
DEATH

3-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4402 Kathland Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-02

D. STREET ADDRESS (If rural, give location)

4402 Kathland Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 26, 1899

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Hymen Wolman

14. MOTHER'S MAIDEN NAME

Eva Levin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillian Wolman- 4402 Kathland Avenue

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion
Hypertensive cardio-
vascular dis.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

5 yrs

MEDICAL CERTIFICATION

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1950 to 3-15-1952 that I last saw the
deceased alive on 3-15-1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3003 Garrison Rd

23C. DATE SIGNED

3-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/52

24C. NAME OF CEMETERY OR CREMATORY

Beth Isaac- Adas Israel

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAR 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. & Dr. J. L. G. Harrison & Dr. - 1124-26 W.

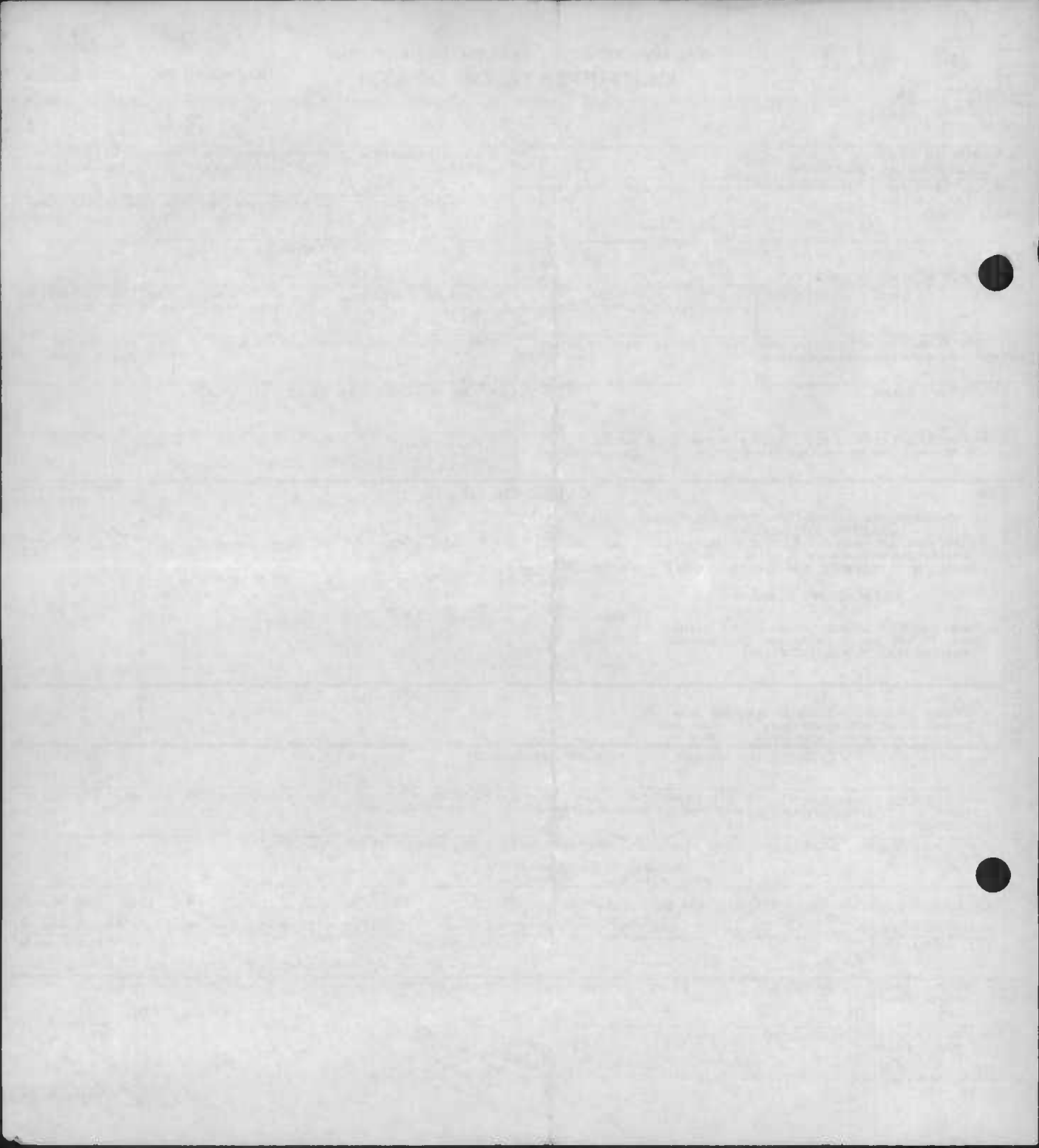
25. FUNERAL DIRECTOR

ADDRESS

North Avenue

VS 150

45073



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

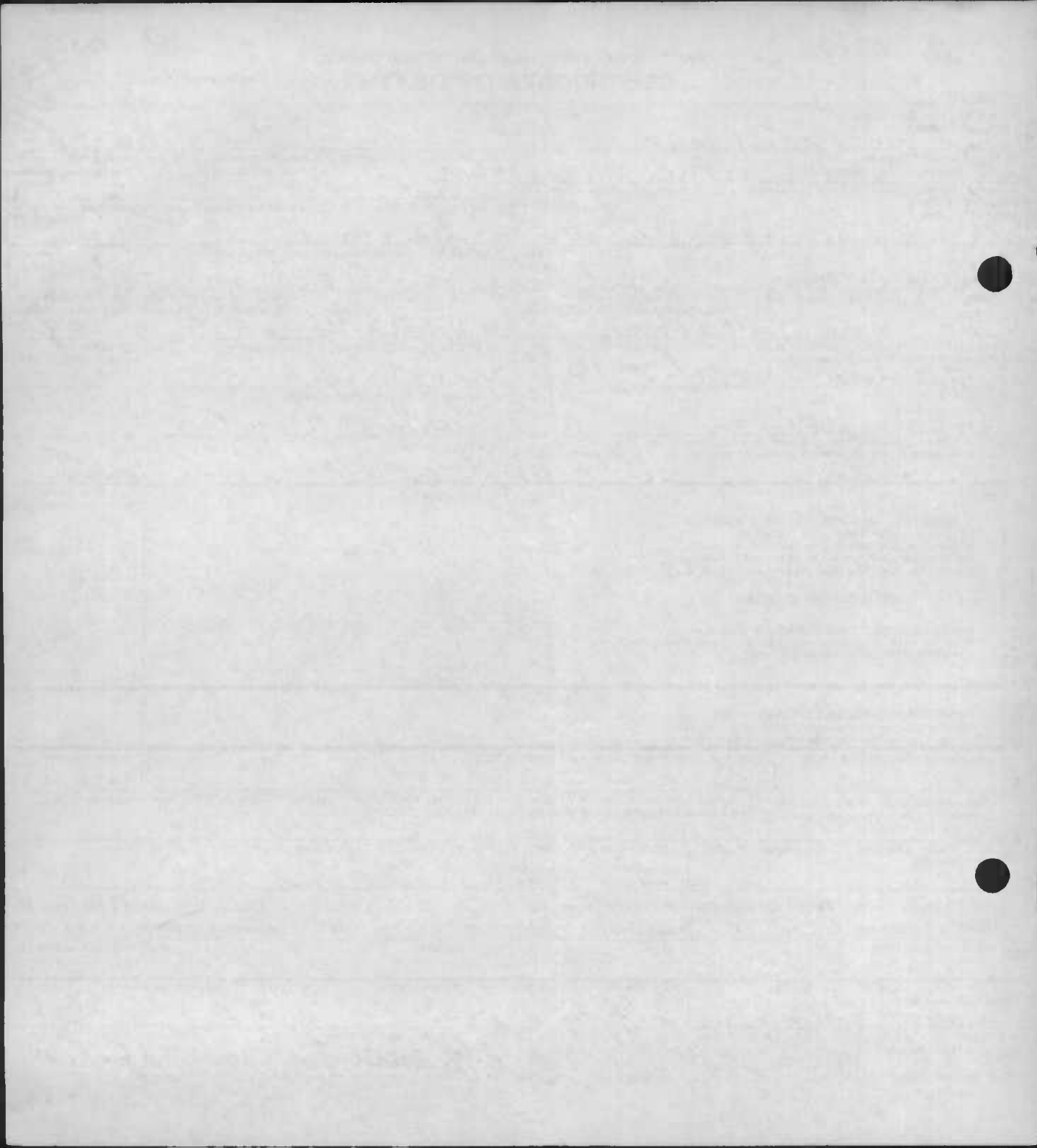
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anton Ullman</i>			2. DATE OF DEATH <i>3-15-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Balto. Gen. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-01</i>		
D. STREET ADDRESS (If rural, give location) <i>1403 Clarkson St.</i>			8. DATE OF BIRTH <i>Jan. 12/1887</i>		
5. SEX <i>Male</i>			9. AGE (In years last birthday) <i>65</i>		
6. COLOR OR RACE <i>White</i>			10. UNDER 1 Year Months: Days		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Boilermaker Union Local 143</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Boilermaking</i>			13. FATHER'S NAME <i>Anton Ullman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>213-05-5096</i>		
17. INFORMANT <i>Eden Ullman</i>			ADDRESS <i>1403 Clarkson St.</i>		

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Ca of the stomach</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>4/14</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>11/17/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ca of stomach</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/11</i> , 1952, to <i>3/15</i> , 1952 that I last saw the deceased alive on <i>3/15</i> , 1952, and that death occurred at <i>10:10</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Eden Ullman</i>		23B. ADDRESS <i>J. B. G. H.</i>		23C. DATE SIGNED <i>3/15/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 19, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>C. J. Evans</i>		ADDRESS <i>1400 S. B. Charles St.</i>	



BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

STEPHEN

CHERNEY

2. DATE
OF
DEATH

March 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

1325 Hanover Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Life

8. DATE OF BIRTH

Feb. 17, 1950

9. AGE (in years
last birthday)

2 yrs

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward C. Cherney

14. MOTHER'S MAIDEN NAME

Viola Crosswhite

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward C. Cherney 1325 Hanover St

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Confluent bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

March 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

St. Charles Co

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

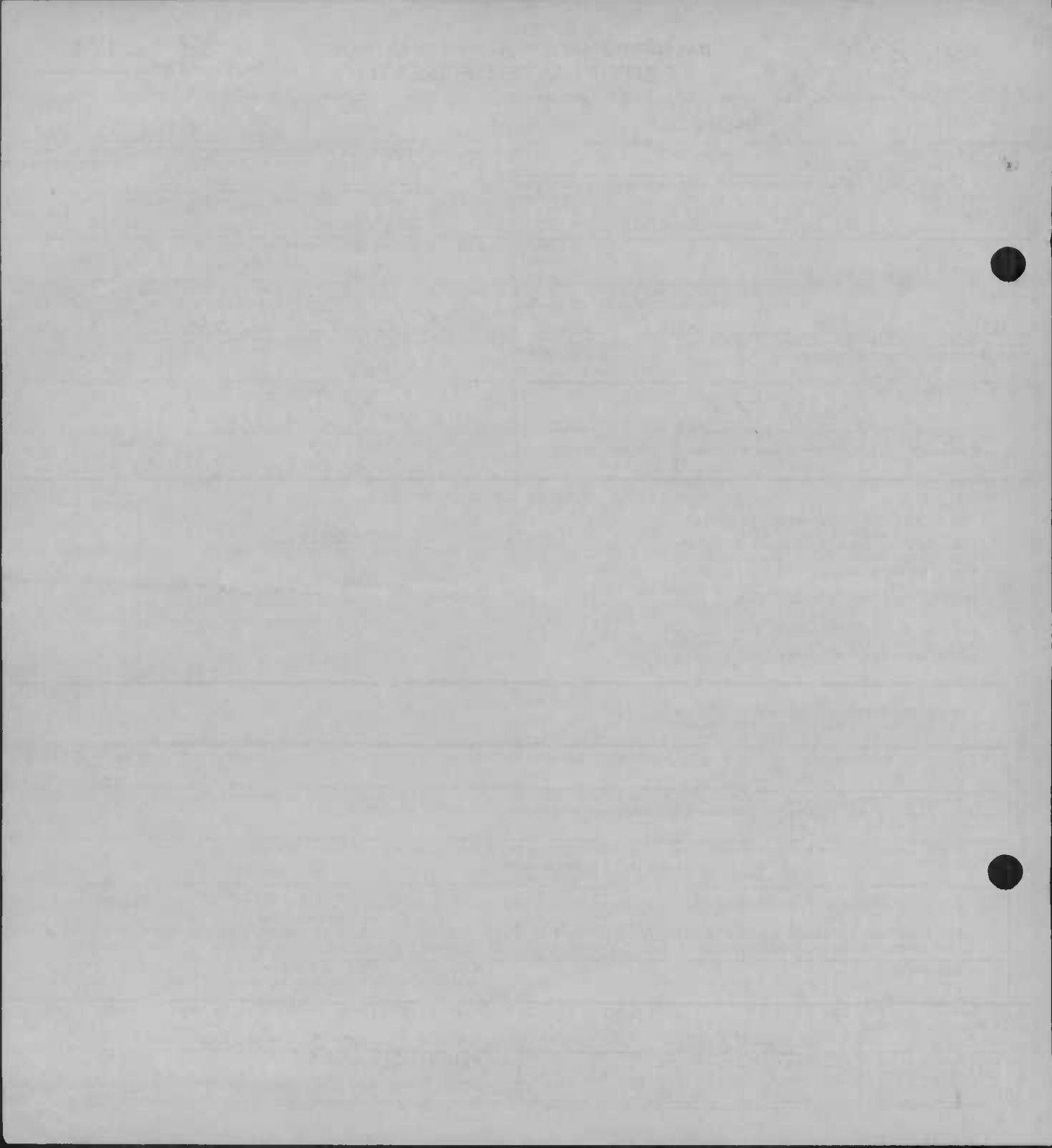
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

A. J. G. Egan 1400 S. Charles St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James C. Spillman

2. DATE
OF
DEATH

3-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

24-02

4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)

402 E. Cross St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 8, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIP CAPTAIN

10B. KIND OF BUSINESS OR INDUSTRY

CC PAUL CORP.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert L. Spillman

14. MOTHER'S MAIDEN NAME

Anna Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
**Records- Baltimore City Hospitals
4940 Eastern Avenue**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **3-10-**, 19**52** to **3-15-**, 19**52**, that I last saw the deceased alive on **3-15-**, 19**52**, and that death occurred at **5:00A** m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-18-52

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEM

24D. LOCATION (City, town, or county) (State)

A.A.Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

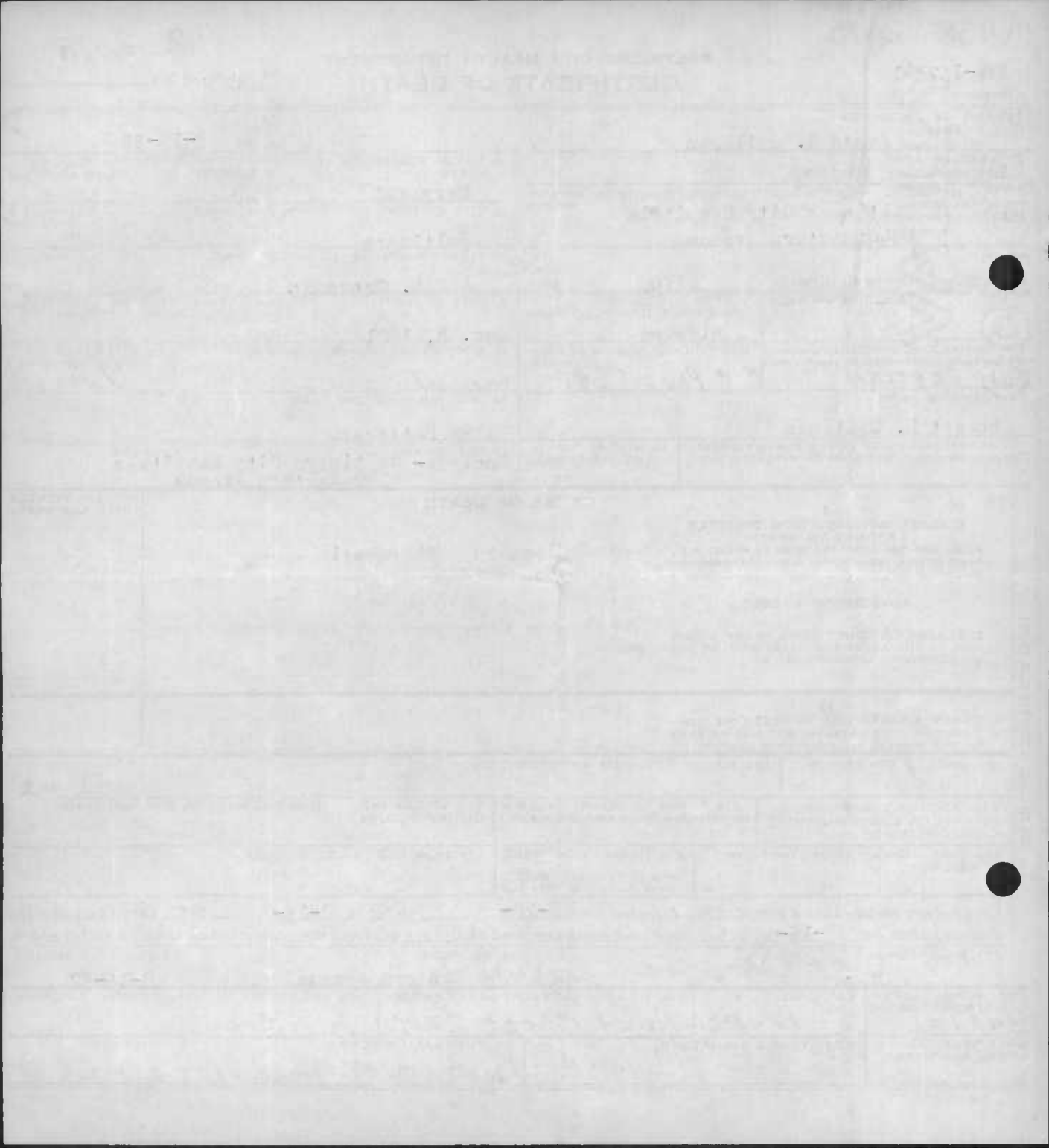
ADDRESS

Bourne & Harle 121 E West St

MAR 16 1952

VS 150

MEDICAL CERTIFICATION



523

52 2576

WEINSTEIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2576

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Weinstein Mrs. Sophia</i>			2. DATE OF DEATH <i>March 15 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Church Home Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13. 8-02</i>		
Length of stay in Baltimore <i>69 years</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1601 North Milton Ave. Balto. Md.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married Widowed</i>	8. DATE OF BIRTH <i>Dec. 15 - 1875.</i>	9. AGE (in years last birthday) <i>76 yrs.</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Russia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Jacob</i>			14. MOTHER'S MAIDEN NAME <i>Wuman, Sophia</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Rena Drager</i>			ADDRESS <i>2701 40 Charles</i>		

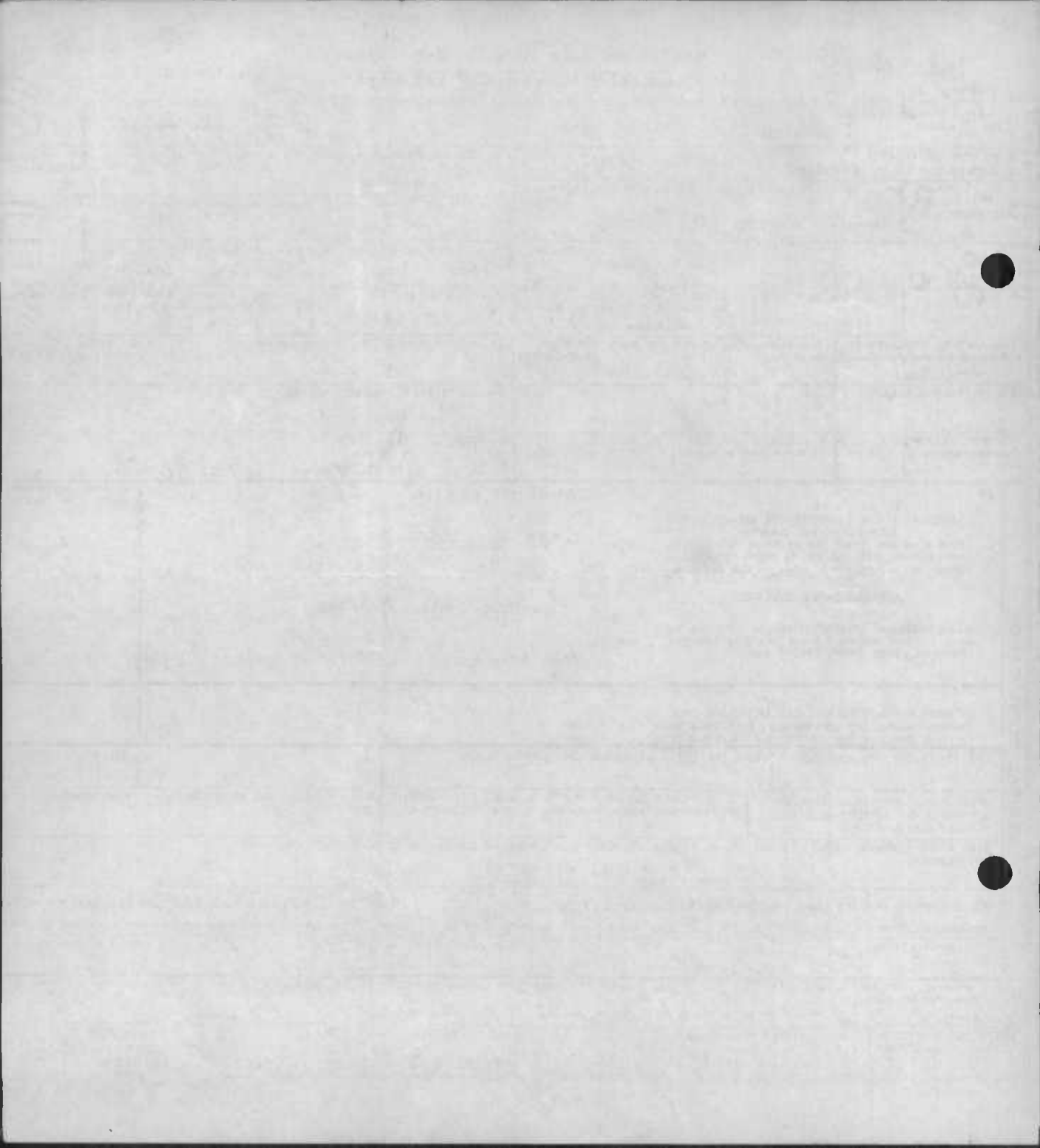
18. <i>4201</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO (A) <i>Cardiac insufficiency</i> DUE TO (B) <i>Hypertensive Cardio Vascular Disease</i> DUE TO (C) <i>10 years</i>	CAUSE OF DEATH <i>Coronary Occlusion</i> <i>Cardiac insufficiency</i> <i>Hypertensive Cardio Vascular Disease</i> <i>10 years</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3-17-52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 14, 1952*, to *March 15, 1952*, that I last saw the deceased alive on *March 15, 1952*, and that death occurred at *11:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Arthur F. Woodward</i>	23B. ADDRESS <i>Church Home Hospital</i>	23C. DATE SIGNED <i>3-15-1952</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-17-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington W. Lewis</i>	25. FUNERAL DIRECTOR <i>W. Lewis</i>	ADDRESS <i>2100 Eutan Rd</i>



600

52 2577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2577

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISADORE SHEER

2. DATE
OF
DEATH

3-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 8-07

D. STREET ADDRESS (If rural, give location)

1419 N. WASHINGTON ST.

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1895-8/15

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MORRIS SHEER

14. MOTHER'S MAIDEN NAME

ROSE SHOSTOCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rebecca Sheer - Home

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

LYMPHO SARCOMA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

GENERALIZED METASTASIS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1 10 52 to 3-14 1952, that I last saw the
deceased alive on 3-14 1952, and that death occurred at 7 55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

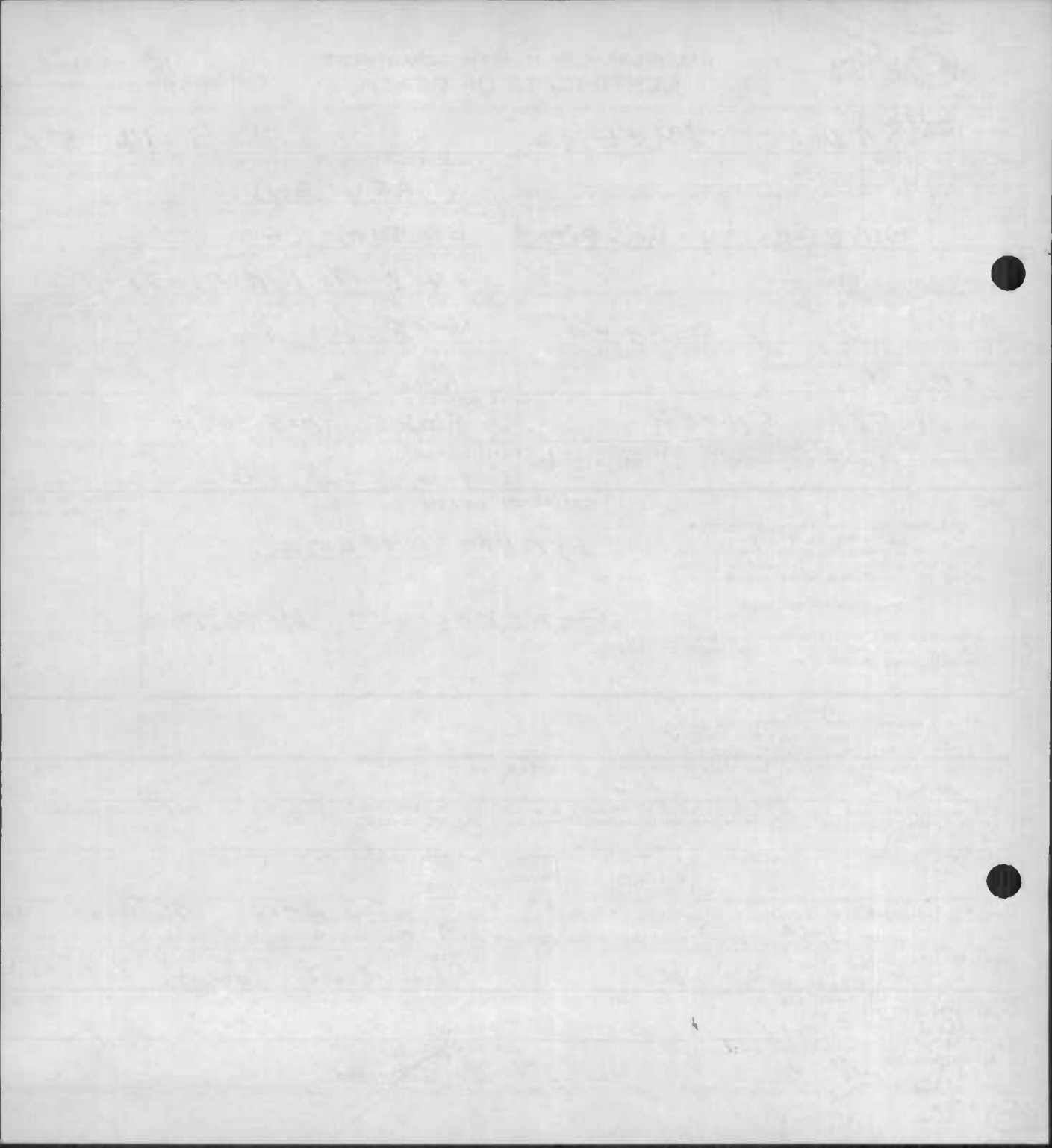
MAR 16 1952

Huntington Williams, M.D. 2100 E. E. Ave - 2100 E. E. Ave P.C.

VS 150

5906E

MEDICAL CERTIFICATION



52 2378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2378

BIRTH NO. 52 2378		1. NAME OF DECEASED (Type or Print) MOLLIE WIENER (WEINER)		2. DATE OF DEATH 3-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 15-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION Leondale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2412 Baker St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 60	9. AGE (in years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Arnon Cohen		14. MOTHER'S MAIDEN NAME Fannie		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Henry Weiner - Same	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon		CAUSE OF DEATH (A) Carcinoma of colon DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 year			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-20 , 19 51 , to 3-14 , 19 52 that I last saw the deceased alive on 3-14 , 19 52 and that death occurred at 12 noon , from the causes and on the date stated above.					
23A. SIGNATURE Henry Nagel		23B. ADDRESS Leondale Home		23C. DATE SIGNED 3-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-16-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 2100 Catow Rd			

300

52 2579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2579

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Grace Hewitt

2. DATE
OF
DEATH

8-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1101 Rymhurst St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

1101 Rymhurst St

Length of stay in Baltimore

40 yrs

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Chronic myocarditis
Chronic nephritis & hypertension

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive congestion
myocarditis

2 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 7, 1952, to March 13, 1952, that I last saw the deceased alive on 3-13-1952 and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Les C. Wells

M. D.

4100 Edmondson Ave

3-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-17-52

Woodlawn

Baltimore, MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

2503 Edmondson Ave

MAR 16 1952

VS 150

MEDICAL CERTIFICATION

4100

Edmondson

650

52 2580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-04205

1. NAME OF DECEASED
(Type or Print)

Baby Girl

2. DATE
OF
DEATH

3/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/9/52

9. AGE (in years)

last birthday

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Raymond Brown

14. MOTHER'S MAIDEN NAME

Ruth Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, do or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 763.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) LOBAR PNEUMONIA, RT. LUNG

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PLACENTITIS

DUE TO

(C) PREMATURE RUPTURE OF MEMBRANES

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/52, 19__, to 3/1/52, 19__, that I last saw the deceased alive on 3/1/52, 19__ and that death occurred at 3:55 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Retained by Hospital March 3, 1952

Chi-Chao Chiu, M.D.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

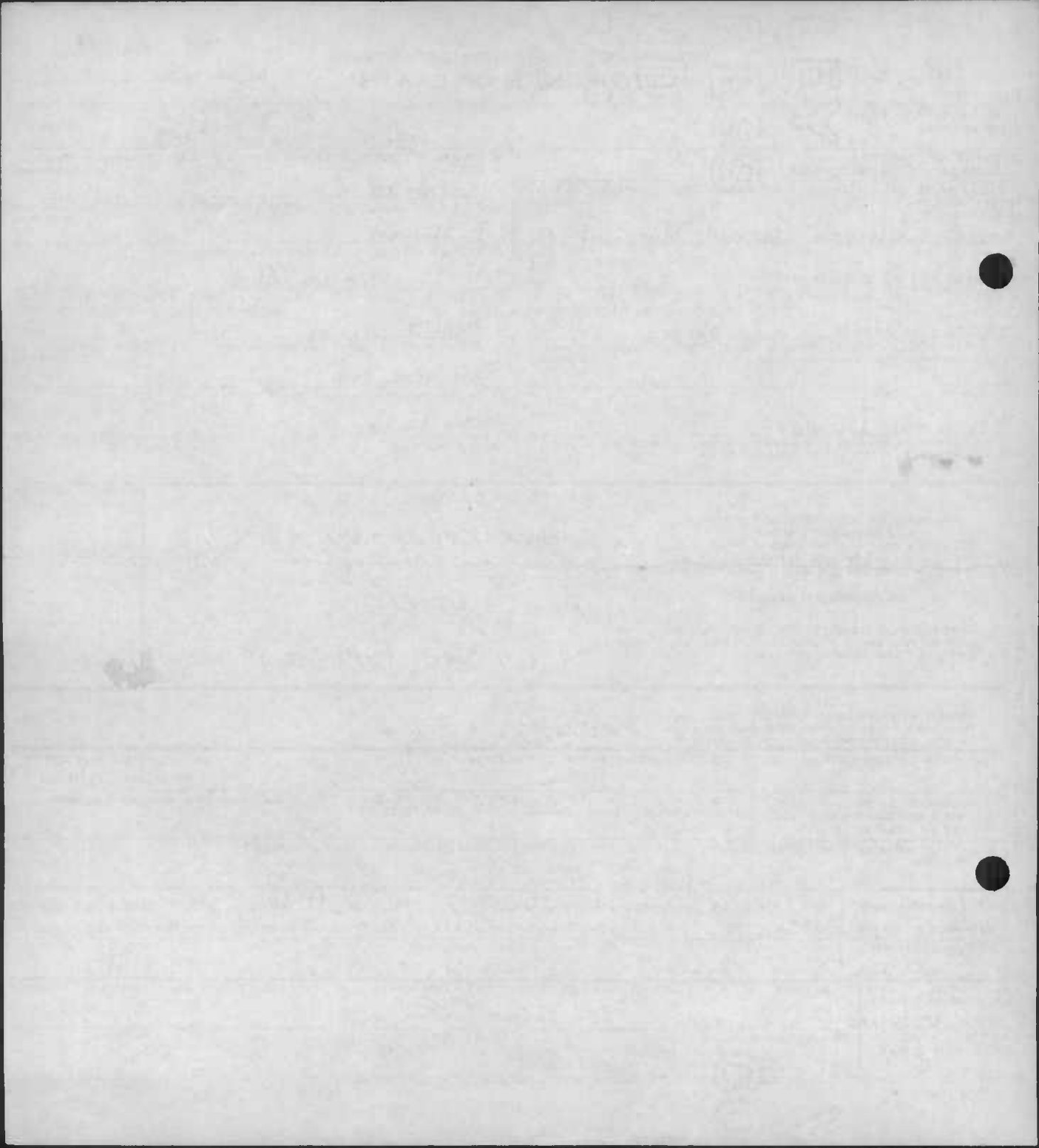
25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1952

Huntington Wilbur, M.D.

002570



425

52 2581

BALTIMORE CITY HEALTH DEPARTMENT

52 2581

BIRTH NO. 52-05330

CERTIFICATE OF DEATH

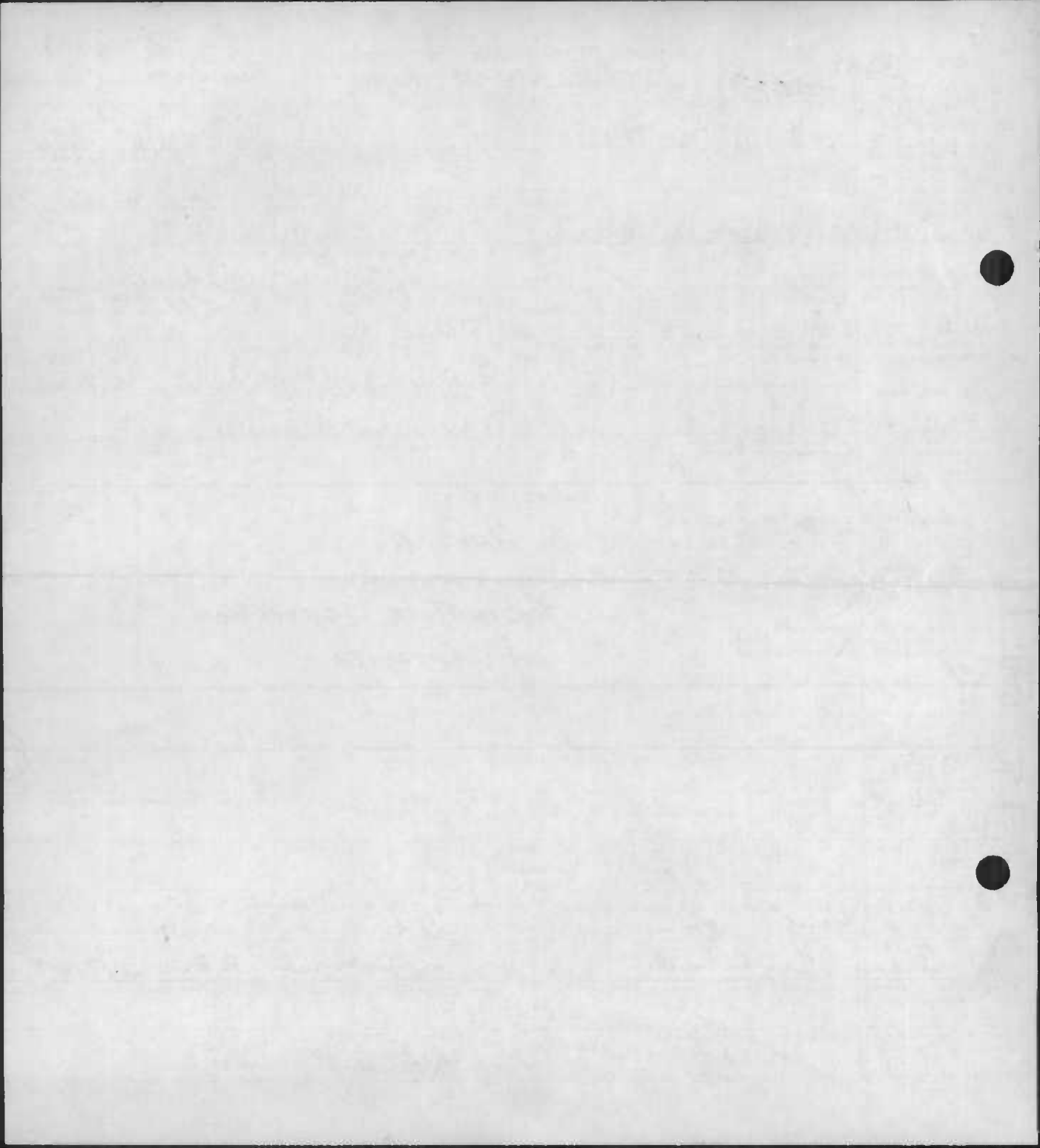
Registered No.

1. NAME OF DECEASED (Type or Print) BABY Boy Wilson			2. DATE OF DEATH March 7 "1952"		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 73-02		
b. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland			c. CITY OR TOWN Baltimore-17		
c. Length of stay in Baltimore ✓			d. STREET ADDRESS (If rural, give location) 2005 Linden Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH March 7 "1952"		9. AGE (in years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Baltimore-Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Lewis Wilson			14. MOTHER'S MAIDEN NAME Helene Carroll France		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS —		

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANOXIA		CAUSE OF DEATH ANOXIA	INTERVAL BETWEEN ONSET AND DEATH
DUE TO Premature separation of placenta.			
DUE TO —			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 7, 1952 , to March 7, 1952 that I last saw the deceased alive on March 7, 1952 , and that death occurred at 01:15 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE William P. Lehart		23b. ADDRESS John. H. In Wm. 842.		23c. DATE SIGNED 3/7/52	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24d. LOCATION (City, town, or county) (State) MAR 10 1952
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Commissioner of Health	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2582
Registered No.

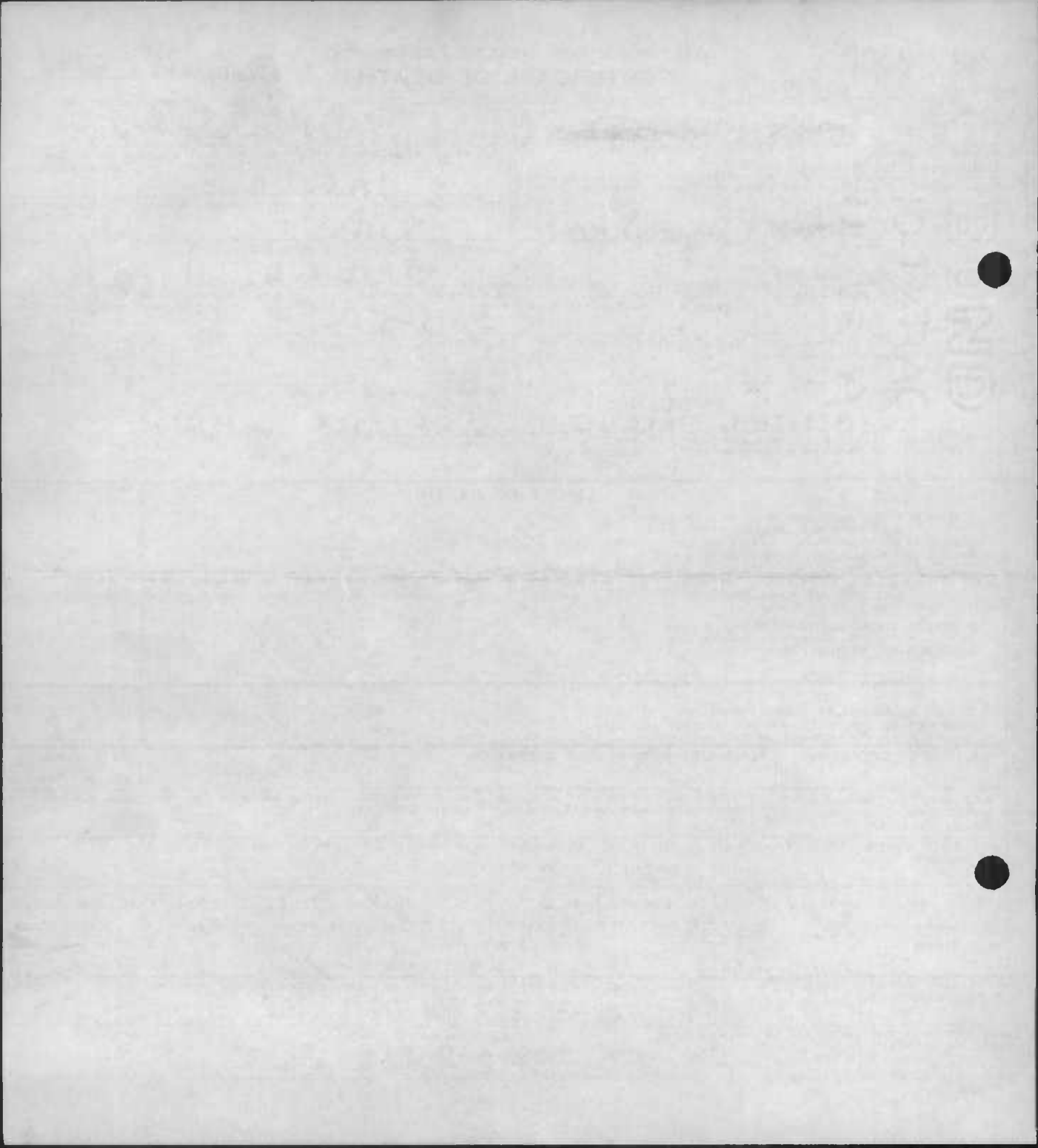
20
52 2582
BIRTH NO. 52-05083

1. NAME OF DECEASED (Type or Print) BABY BOY TILLES			2. DATE OF DEATH 3-3-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 15-05		
D. STREET ADDRESS (If rural, give location) 3100 LEIGHTON AVE.			E. LENGTH OF STAY IN BALTIMORE		
5. SEX MALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 3-3-52	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME SAMUEL TILLES			14. MOTHER'S MAIDEN NAME LEATRICE SHAW		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Immaturity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-3 , 19 52 , to 3-3 , 19 52 , that I last saw the deceased alive on 3-3 , 19 52 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Sidney Linas		23B. ADDRESS 2240 Endow Place		23C. DATE SIGNED 3/10/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
				JOHN HOPKINS MEDICAL SCHOOL		MAR 11 1952	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	
				2 Commissioner of Health			



52 2583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2583

BIRTH NO. 52-04946

1. NAME OF DECEASED
(Type or Print)

Baby Harris

2. DATE
OF
DEATH

3.5.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONW.H. Brown
Novident Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.1.1952 to 3.5.1952, that I last saw the
deceased alive on 3.5.1952 and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. L. Roy Perry

M. D.

1420 E. Chase

3.5.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

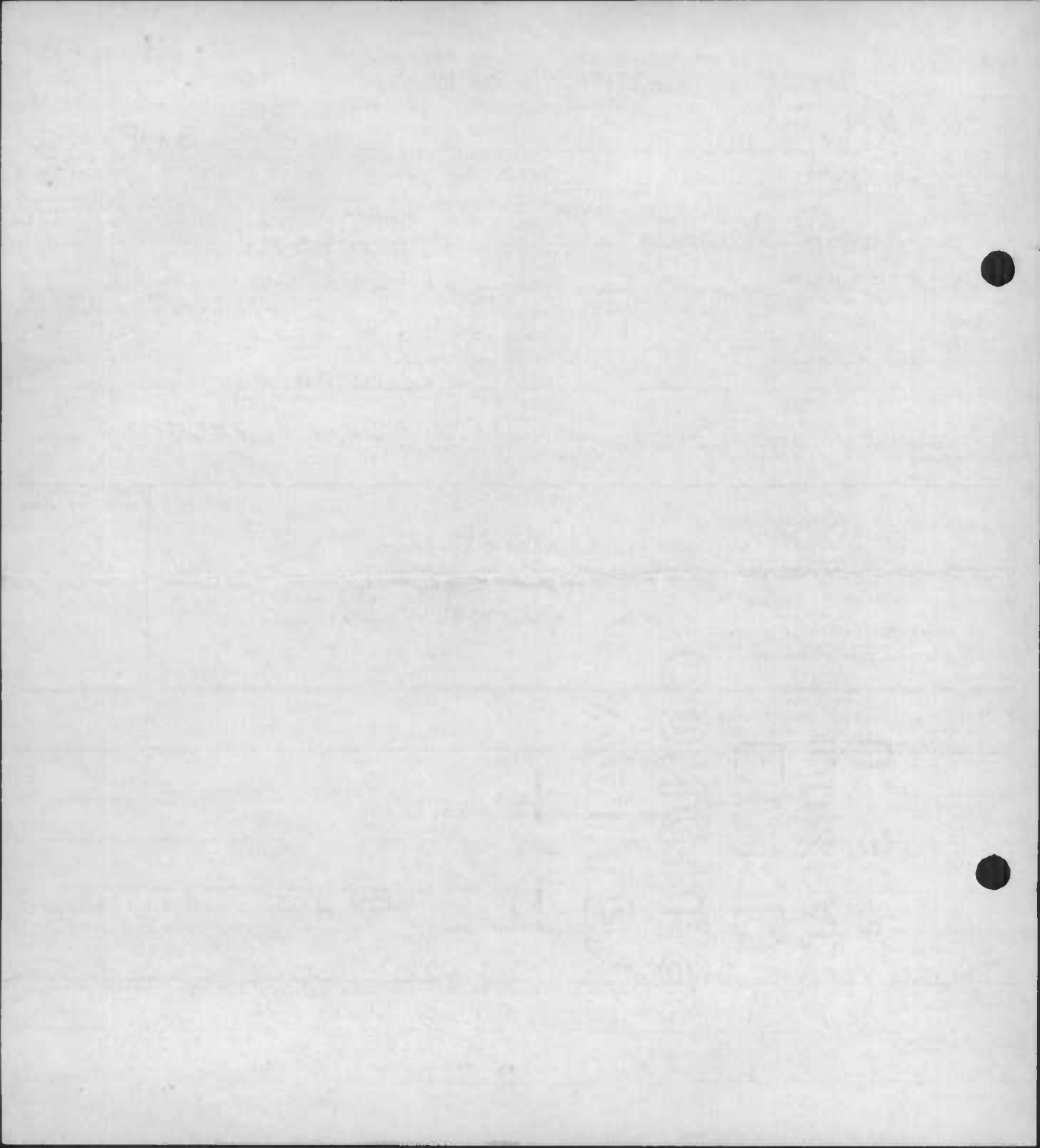
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL MAR 18 1952



200

52 2581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2581

Registered No.

BIRTH NO. 52-01437

1. NAME OF DECEASED
(Type or Print)

Baby Girl

2. DATE
OF
DEATH

26/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

24-03

D. STREET ADDRESS (If rural, give location)

1455 Light St.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/14/52

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Paul Nash

14. MOTHER'S MAIDEN NAME

Dorothy Watts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 763.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Bronchopneumonia, acute

DUE TO Organism undet.

(B) Aspiration

DUE TO Prematurity.

(C) Prematurity.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/52, 19__, to 2/26/52, 19__, that I last saw the deceased alive on 2/24/52, 19__, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Fell Hoeser

M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

2/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 29 1952

DATE RECEIVED BY LOCAL REGISTRAR

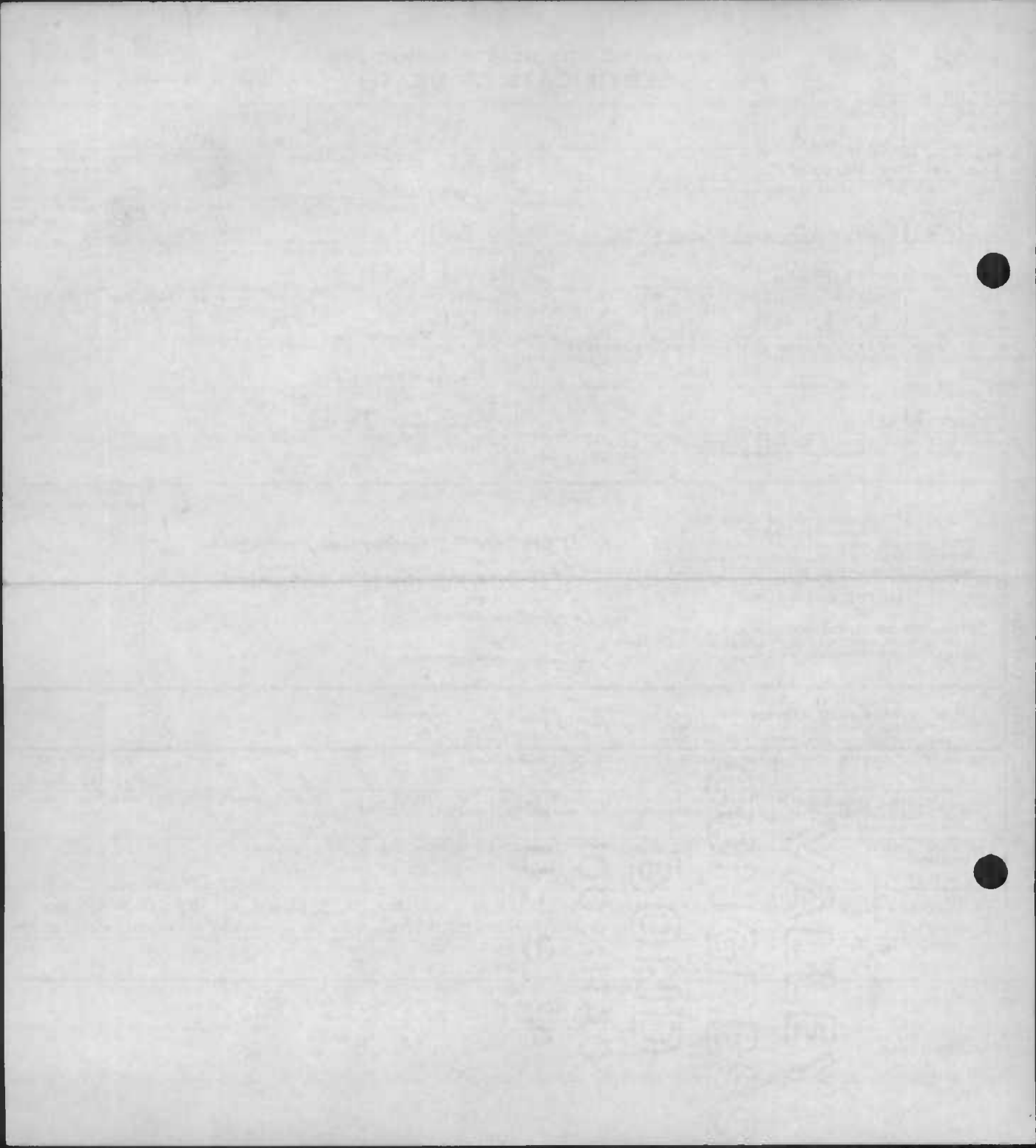
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



462

52 2585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2585

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Vincent L. Glorioso</i>		2. DATE OF DEATH <i>3/13/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>16-08</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>MERCY Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore <i>47</i>		D. STREET ADDRESS (If rural, give location) <i>754 LINNARD ST.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>2/4/05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tobaccokeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Angelo Glorioso</i>		14. MOTHER'S MAIDEN NAME <i>Concetta Jeppi</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>W</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hosp Records</i>		ADDRESS	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) <i>Cerebral Hemorrhage</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i>		
DUE TO (B) <i>Hypertension</i>		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *3/13* 1952 to *3/13* 1952, that I last saw the deceased alive on *3/13* 1952, and that death occurred at *6:58* m., from the causes and on the date stated above.

23A. SIGNATURE <i>C. E. Ireland</i>		23B. ADDRESS <i>Mary Hosp</i>		23C. DATE SIGNED <i>3/13/52</i>	
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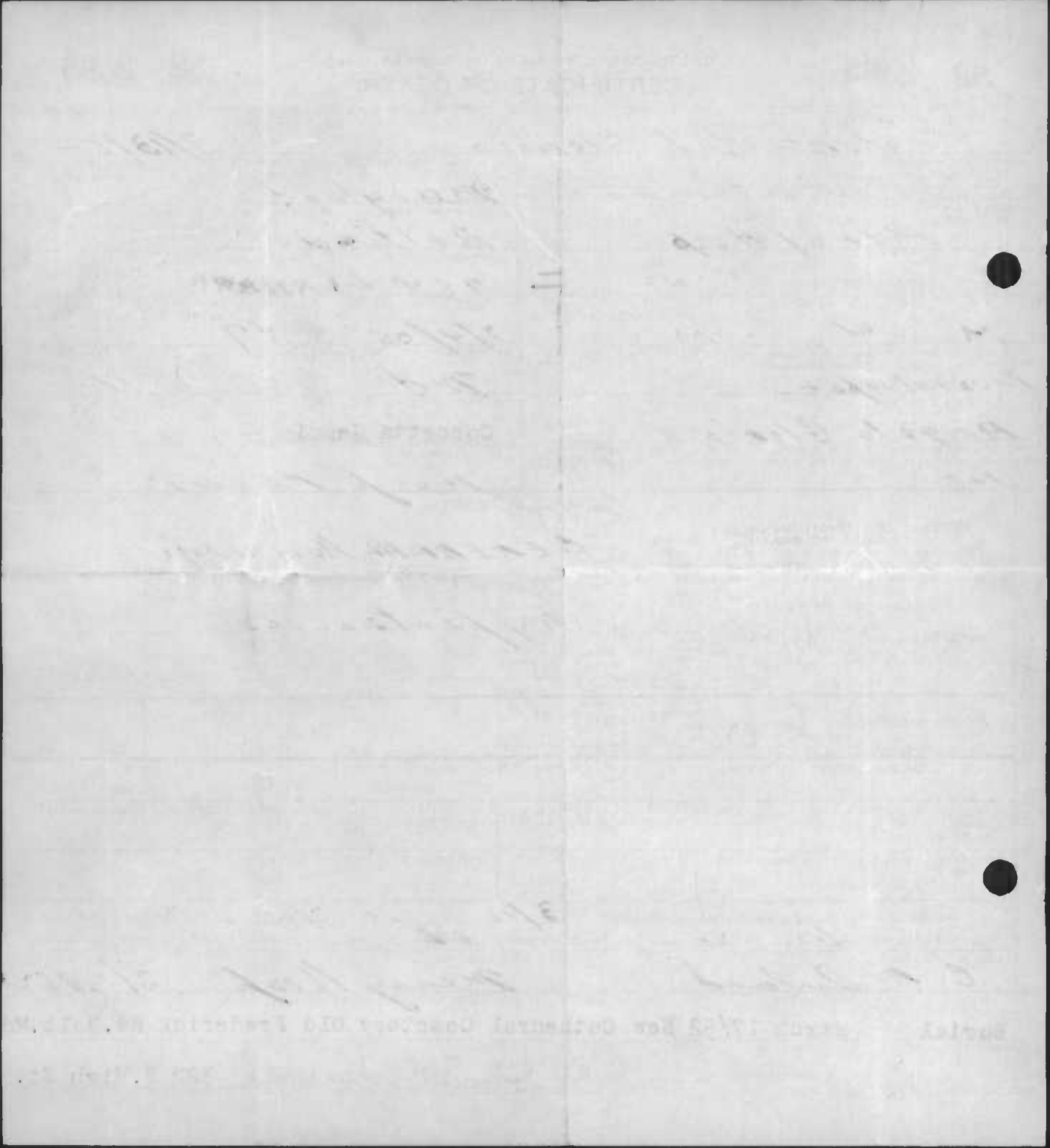
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Old Frederick Rd. Balt. Md</i>	
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>Frank Della Uole</i>		ADDRESS <i>322 S. High St.</i>	
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VS 150

2906M

MEDICAL CERTIFICATION



100

BIRTH NO. 52 2586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

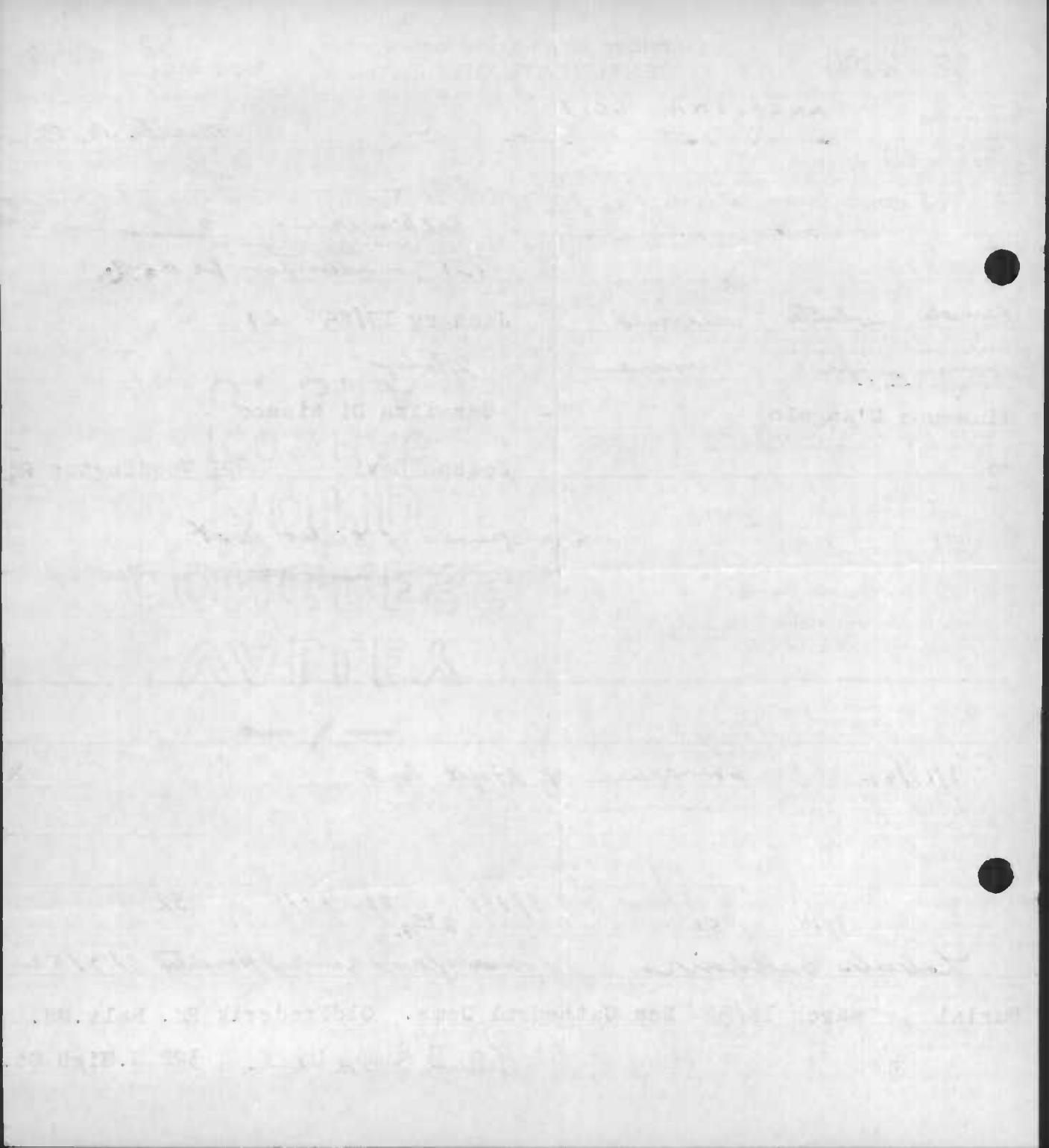
Registered No. 52 2586

1. NAME OF DECEASED (Type or Print) ANGELINA DOVI		2. DATE OF DEATH March 14/52	
3. PLACE OF DEATH: * Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08 D. STREET ADDRESS (If rural, give location) 921 Woodington Rd #29	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 17/85	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Giuseppe D'Angelo		14. MOTHER'S MAIDEN NAME Serafina Di Bianco	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Joseph Dovi		ADDRESS 921 Woodington Rd	

1B. 455X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Gangrene of Right foot		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3/13/52		19B. MAJOR FINDINGS OF OPERATION Gangrene of Right foot		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/13/ , 19 52 to 3/14 , 19 52 that I last saw the deceased alive on 3/14 , 19 52 and that death occurred at 2:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Louise Bakhair		23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 3/14/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 18/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Ceme.		24D. LOCATION (City, town, or county) (State) Old Frederik Rd. Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Frank Della Woe		ADDRESS 322 S. High St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2587**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH R. GESSNER

2. DATE
OF
DEATH

3-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

413 S. AUGUSTA AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2-0-08

D. STREET ADDRESS (If rural, give location)

413 S. AUGUSTA AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

11-27-1861

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN SMITH

14. MOTHER'S MAIDEN NAME

ELIX. OSTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Raymond Brooks. 413 S. AUGUSTA AVE.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

**Cardio-Vascular disease
& Hypertension**

22 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 30**, 19**30**, to **March 13**, 19**52**, that I last saw the deceased alive on **3/13**, 19**52**, and that death occurred at **3:13** p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edith W. Thurmon

M. D.

23B. ADDRESS

3432 Federal Ave

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Balts. County

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley, Fulton Ave. Fayette St.

100-100000

100-100000

100-100000

100-100000

256

52 2588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2588

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINCENT J. McHENRY

2. DATE

OF DEATH 3-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

X

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Jenkins Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore-17, Maryland

D. STREET ADDRESS (If rural, give location)

1312 Linden Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3-24-1873

9. AGE (In years

last birthday)

78

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Glass Blower

10B. KIND OF BUSINESS OR INDUSTRY

Glass Foundry

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael J. McHenry

14. MOTHER'S MAIDEN NAME

Ellen M.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Jenkins Mem. Hospt. 1000 Caton Ave, ADDRESS

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Prostate

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7/5, 1951, to 3/14, 1952, that I last saw the deceased alive on 3/4, 1952, and that death occurred at 10:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1952

VS 150

MEDICAL CERTIFICATION

52 2589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2589

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Doris J. Rhoten*2. DATE
OF
DEATH*15 March 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*University Hospital*

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Manassas

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Manassas

D. STREET ADDRESS (If rural, give location)

5600

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*10-4-1927*9. AGE (In years
last birthday)*24 yrs*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Staf.*10B. KIND OF BUSINESS OR
INDUSTRY*on home*

13. FATHER'S NAME

Norman Raver

11. BIRTHPLACE (State or foreign country)

*md*12. CITIZEN OF
WHAT COUNTRY?*USA*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*A. Eugene Rhoten Manassas*18. *330X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Ruptured cerebral aneurysm
anterior cerebral artery, right*INTERVAL BETWEEN
ONSET AND DEATH*12 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

15 March 1952

19B. MAJOR FINDINGS OF OPERATION

Aneurysm right ant. cerebral artery

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *15 March, 1952*, to *15 March, 1952*, that I last saw the
deceased alive on *15 March, 1952*, and that death occurred at *4:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. A. Alvarez de Chaudens

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*16 March 1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

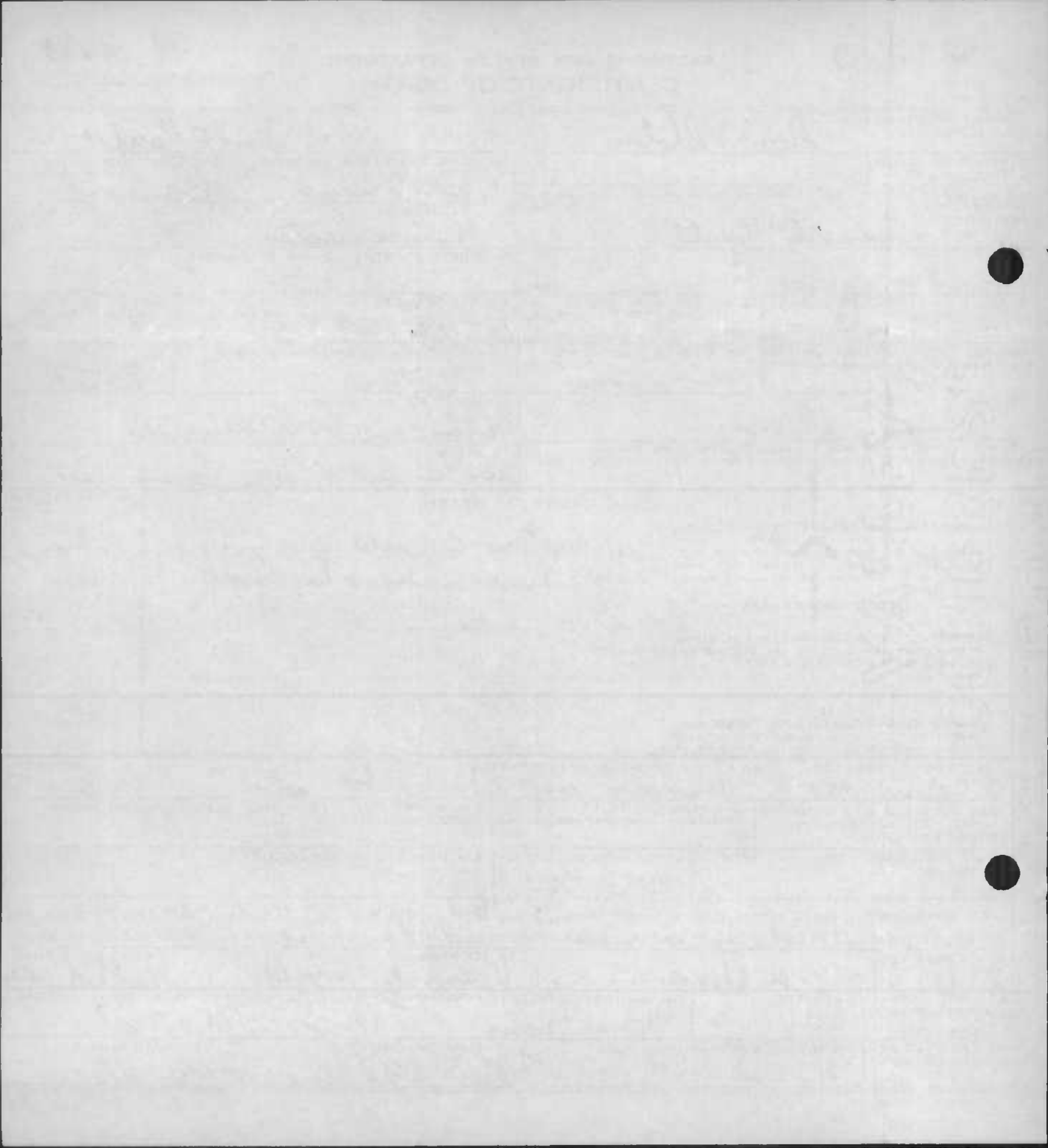
ADDRESS

*Funeral**Mar 19/52**Manassas**Manassas Md**Huntington**William M. DeWitt**1500**Manassas**Manassas**md*

MEDICAL CERTIFICATION

MAR 16 1952

VS 150



52 2590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Drace N. Edwards.

2. DATE
OF
DEATH

March 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Garrison Nursing Home
2803 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3014 Belmont Ave.,

c. Length of stay in Baltimore

74 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 28, 1878

9. AGE (in years last birthday)

74

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Neely

14. MOTHER'S MAIDEN NAME

Mollie Maxton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Miss Thelma N. Edwards 3014 Belmont Ave.

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebro Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Arteriosclerosis
Cardiovascular Disease

Many years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July*, 1948, to *March 15*, 1952, that I last saw the deceased alive on *March 14*, 1952, and that death occurred at *8:17* a. m., from the causes and on the date stated above.

23A. SIGNATURE

Lester G. Drace Jr.

23B. ADDRESS

1039 St. Paul St.

23C. DATE SIGNED

March 15 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-18-1952

Loudon Park

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1952

Huntington Williams

G. Howard Strong 3207 W. North Ave.,

STANDARD CONTRACT

10001, 10, 10

10001, 10, 10

49

10001, 10, 10

10001, 10, 10

10001, 10, 10

10001, 10, 10

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gregory Daughton

2. DATE
OF
DEATH

3/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hosp.
1400 N. Caroline St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

Sparks, Md.

Length of stay in Baltimore

2 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

May 24, 1948

9. AGE (In years
last birthday)

2

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Marvin Saunders

14. MOTHER'S MAIDEN NAME

Marnetta Daughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marnetta Daughton, Sparks, Md.

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Shock

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

1st and 2nd burns of face, neck,
both arms, upper back and chest,
and both knees.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

Stanley F. Dauterive
M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Sparks, Md.

21D. TIME (Month) (Day) (Year) (Hour)

March 14, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Oil stove exploded setting fire to room.

22. I hereby certify that I attended the deceased from 3/14/52, 19__, to March 14, 1952, that I last saw the
deceased alive on 3/14/52 and that death occurred at 7:15 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1400 N. Caroline St.

3/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-52

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's

24D. LOCATION (City, town or county)

Sparks, Texas, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

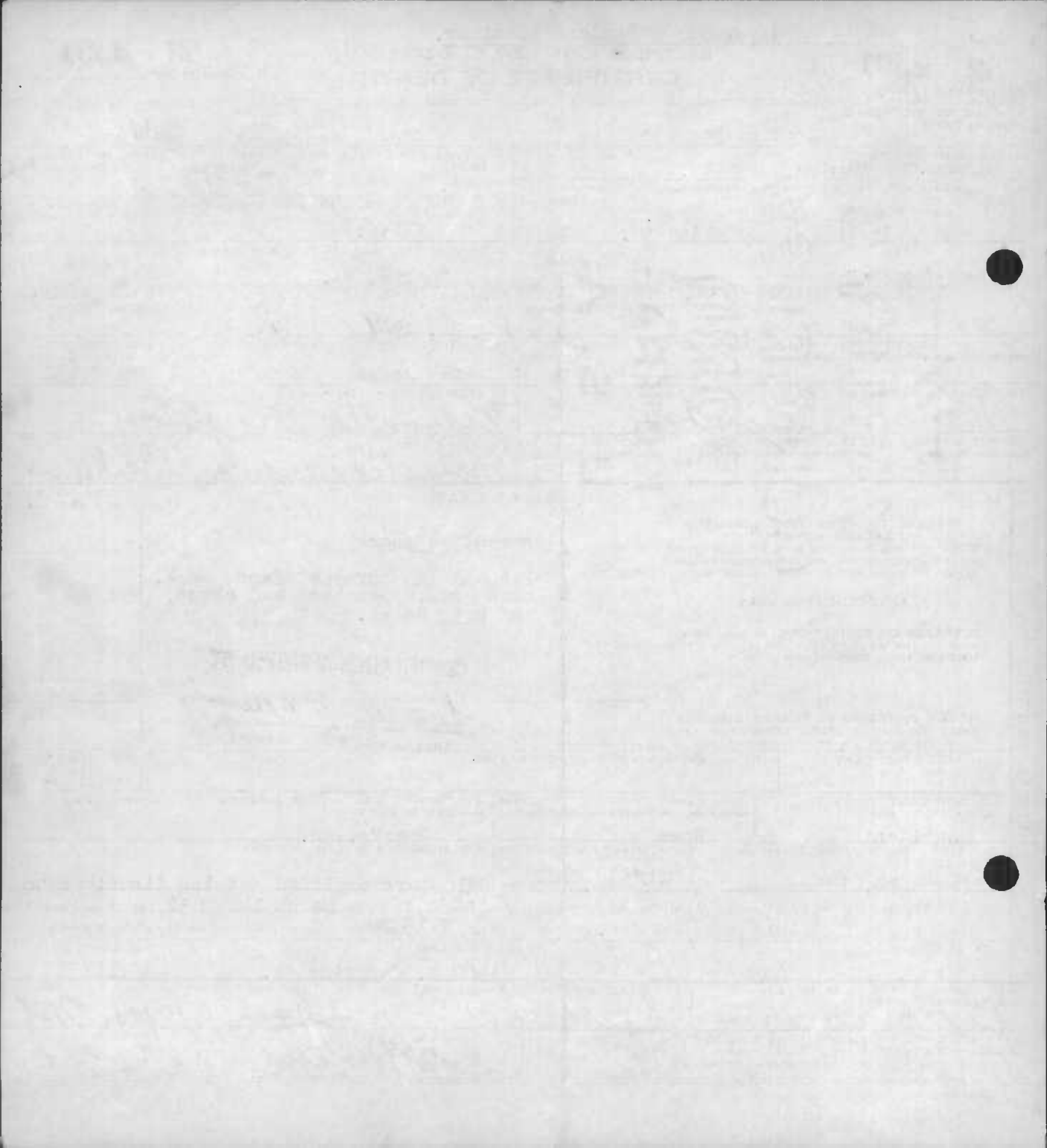
25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1952

Huntington Williams, Jr.

Scott Brooks, Sparks, Md.



524

52 2592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2592

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Singleton, Lottie</u>			2. DATE OF DEATH <u>March 13, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. Length of stay in Baltimore <u>12 years</u>			E. STREET ADDRESS (If rural, give location) <u>1712 E. Biddle Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/19/1906</u>	9. AGE (in years last birthday) <u>45</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Seafood House</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Sally Taylor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Walter Singleton 1712 E. Biddle St</u>		

18. <u>511X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral anoxemia</u> DUE TO (A) _____ (B) <u>Respiratory obstruction</u> DUE TO (C) <u>Peritonsillar abscess</u>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 13, 1952, to March 13, 1952 that I last saw the deceased alive on March 13, 1952 and that death occurred at 12:58 pm., from the causes and on the date stated above.

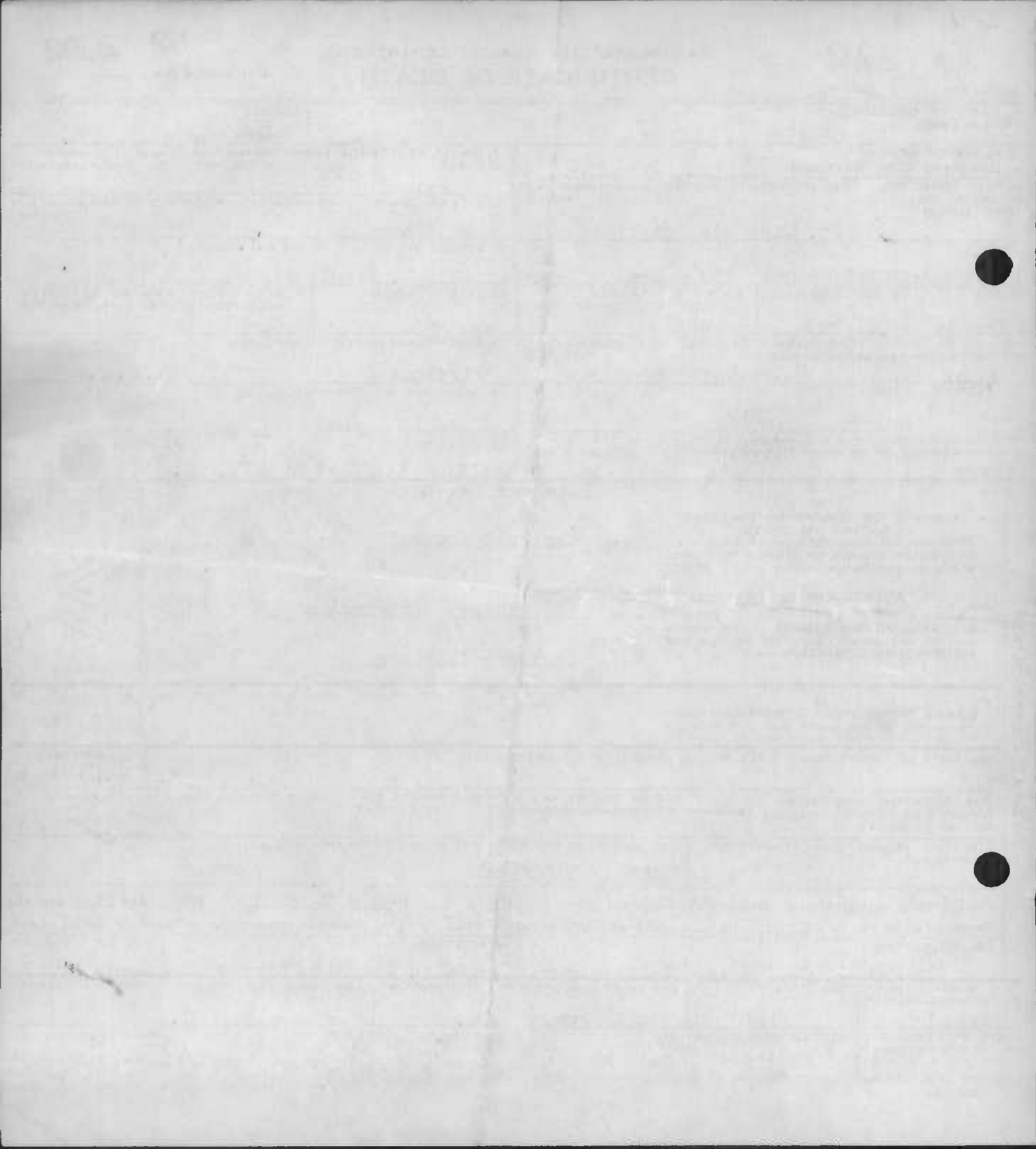
23A. SIGNATURE <u>J. Joseph Krapf</u>	23B. ADDRESS <u>1100 N. Caroline Street</u>	23C. DATE SIGNED <u>March 13, 1952</u>
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/16/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 16 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Chas. O. Wilson</u>	ADDRESS <u>1000 Buntly ave</u>

VS 150

754 67

MEDICAL CERTIFICATION



235

52 2593

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 2593
 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sidney Westheimer</i>			2. DATE OF DEATH <i>Mar 15, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>md. mby 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>27-28</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>Chilington Park Apts</i>			E. LENGTH OF STAY IN BALTIMORE <i>50 years</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-7-74</i>		9. AGE (In years last birthday) <i>78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Broker</i>		11. BIRTHPLACE (State or foreign country) <i>St Joseph Mo</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Ferdinand Westheimer</i>		
14. MOTHER'S MAIDEN NAME <i>Sarah Flansheim</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>446 X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Nephrosclerosis</i>	
ANTECEDENT CAUSES	DUE TO (B) <i>Arteriosclerosis gen</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Chremia</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-4-*, 19*52*, to *3-15-*, 19*52*, that I last saw the deceased alive on *3-15-*, 19*52* and that death occurred at *6:20* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Louis Homsurg Sr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3-15-52</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth Hebrew Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>David R. Martin</i>	ADDRESS <i>1902 Canton Place</i>

MEDICAL CERTIFICATION

1000

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

1000



52 2594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2594
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB HUBINSKY

2. DATE
OF
DEATH

3-16-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2313 Chelsea Terrace Baltimore 15-48

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE

Md

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

d. STREET ADDRESS (If rural, give location)

2313 Chelsea Terrace

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years last birthday)

55

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Multiographer Maryland Free

10b. KIND OF BUSINESS OR INDUSTRY

underwriters

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Sophie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Schinsky - Same

18. 492X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Primary atypical pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1952 to 3/16, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE

Robert A. Reiter

23b. ADDRESS

3408 Windsor Ave.

23c. DATE SIGNED

3/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

3-17-52

Beth T. Feloh

Balto

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

Huntington Williams, 2100 Centau Pl

VS 150

344/73

MEDICAL CERTIFICATION

Letter
Garrison Blvd
& Wudson Ave
Rm 1470

CERTIFICATE CORRECTED 3/27/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2595

Registered No.

BIRTH NO. 52 2595		1. NAME OF DECEASED (Type or Print) Edward W. Bryant		2. DATE OF DEATH 3/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 100 E. Cross St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 100 E. Cross St.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 6, 1867	9. AGE (In years last birthday) 84	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Flossie Frazier	
18. 357X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) -- Paralysis - 1-entire body - (ascending) (B) - Arterio Sclerosis (C) - Coronary Hypertension INTERVAL BETWEEN ONSET AND DEATH - 3 yrs. - 1 yr. - 1 yr.		19. DATE OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		21. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 22, 1951, to 3/15, 1952, that I last saw the deceased alive on March 14, 1952, and that death occurred at 9:38 p. m., from the causes and on the date stated above.					
23A. SIGNATURE C. B. McDonald		23B. ADDRESS M. O. 1277 Ingham St.		23C. DATE SIGNED 3/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) 2 E Ritchie Highway		25. FUNERAL DIRECTOR John F. Denny, Inc. 715 Light St.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

See Document File 52-2595

3/27/52 ES

Dr. V. V. V. V.

1279 Main St

10:30 to 12:30

ascending - cupping
low motor activity
general posture

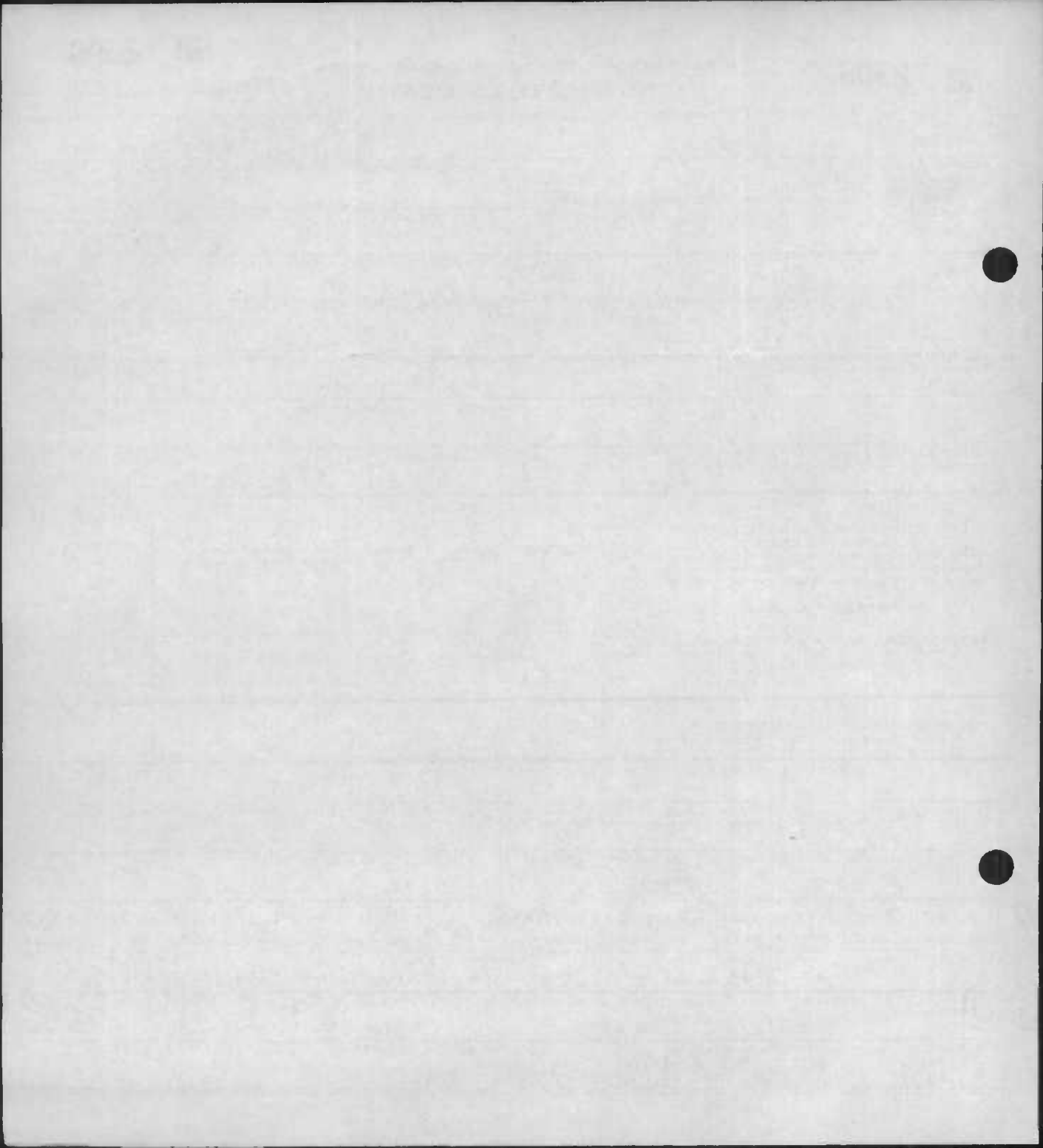
52 2596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2596

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			CHARLES THEODORE PAULS			March 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3524 E. Baltimore St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-44					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3524 E. Baltimore St.					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.		
Male	White	Married	Oct. 31, 1898	53				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Beautician			Beauty shop			Baltimore, Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?		
John Pauls			Mary Sauer					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
No.						Mrs. Nellie Pauls 3524 E. Baltimore St.,		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
			(A) coronary vascular disease				Vap	
ANTECEDENT CAUSES			(B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 8, 1952, to March 13, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS		23C. DATE SIGNED			
L. C. Oshial			4474. Kenwood Ave.		3/15/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial			March 17, 1952		Oak Lawn		Colgate, Md.	
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS			
MAR 17 1952			Huntington Williams, M.D.		Wilrich Funeral Home 2008 Orleans St.			



52 2597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELSIE L. GREENWOOD

2. DATE
OF
DEATH

MAR:13:1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3308 Lerch Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City 27-03

D. STREET ADDRESS (If rural, give location)

3308 Lerch Ave.

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-12-1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Bowie - Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry A. Seitz

14. MOTHER'S MAIDEN NAME

Augusta C. Heiland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Earl R. Uhlhorn-3308 Lerch Drive

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart Block - Complete

3 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardiovascular
disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hemiplegia

3 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

20. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from April 10, 1951, to 13 March, 1952, that I last saw the
deceased alive on 13 March 1952, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

5600 Harford Road

3/ /52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAR:17-52

LOUDON PARK CEMETERY

BALTIMORE MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

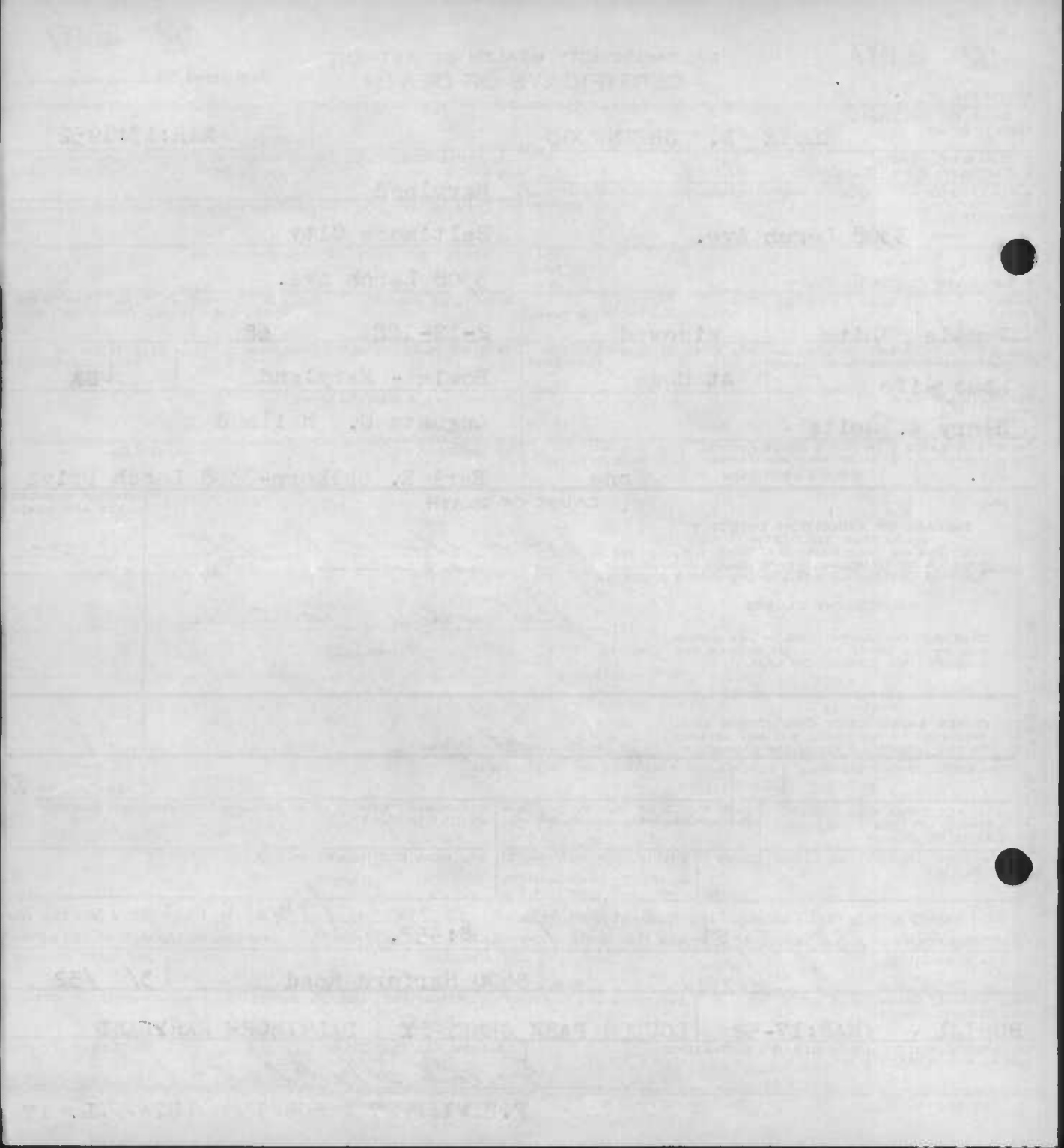
ADDRESS

MAR 17 1952

VS 150

F.B. WIPPERT & SON 1300 EUTAW PL. 17

MEDICAL CERTIFICATION



460
52 2598BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2598
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Carolyn L. Taylor

2. DATE
OF
DEATH

3-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1343 WARD ST.

5. SEX

Female

6. COLOR OR RACE

Black

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/24/41

9. AGE (In years
last birthday)

10

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

George Taylor

14. MOTHER'S MAIDEN NAME

Mary Bate

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

mother

ADDRESS

3 Ave

18. 353.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) _____

DUE TO

Status Epilepticus & Cerebral
HemorrhageINTERVAL BETWEEN
ONSET AND DEATH

18 days

ANTECEDENT CAUSES

(B) _____

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24, 1952, to 3-13, 1952, that I last saw the
deceased alive on 3-13, 1952, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. D. Richardson

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

A. A. Co., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. E. Brown & Co 20-W. Montgomery St

ADDRESS

VS 150

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ruth Mackey

2. DATE
OF
DEATH

Mar. 16, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Warsaw

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

Female

Negro

-

9-4-34

17 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Gas. -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Mackey

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. *193x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebellar sarcoma

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

none

(C) DUE TO

none

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Mar. 12, 1952

Third Ventriculostomy

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar. 10, 1952* to *Mar. 16, 1952* that I last saw the deceased alive on *Mar. 16, 1952*, and that death occurred at *3:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James H. Markham

JOHNS HOPKINS HOSPITAL

Mar. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/18/52

Warsaw

Warsaw, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

Huntington Williams

225 E. Nelson 1303

Burman St

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

[Faint, illegible handwritten text in the upper section of the form, likely containing personal information and medical history.]

[Faint, illegible handwritten text in the middle section of the form, possibly detailing the cause of death and medical findings.]

[Faint, illegible handwritten text in the lower section of the form, including a signature and date.]

52 2800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2800

BIRTH NO.

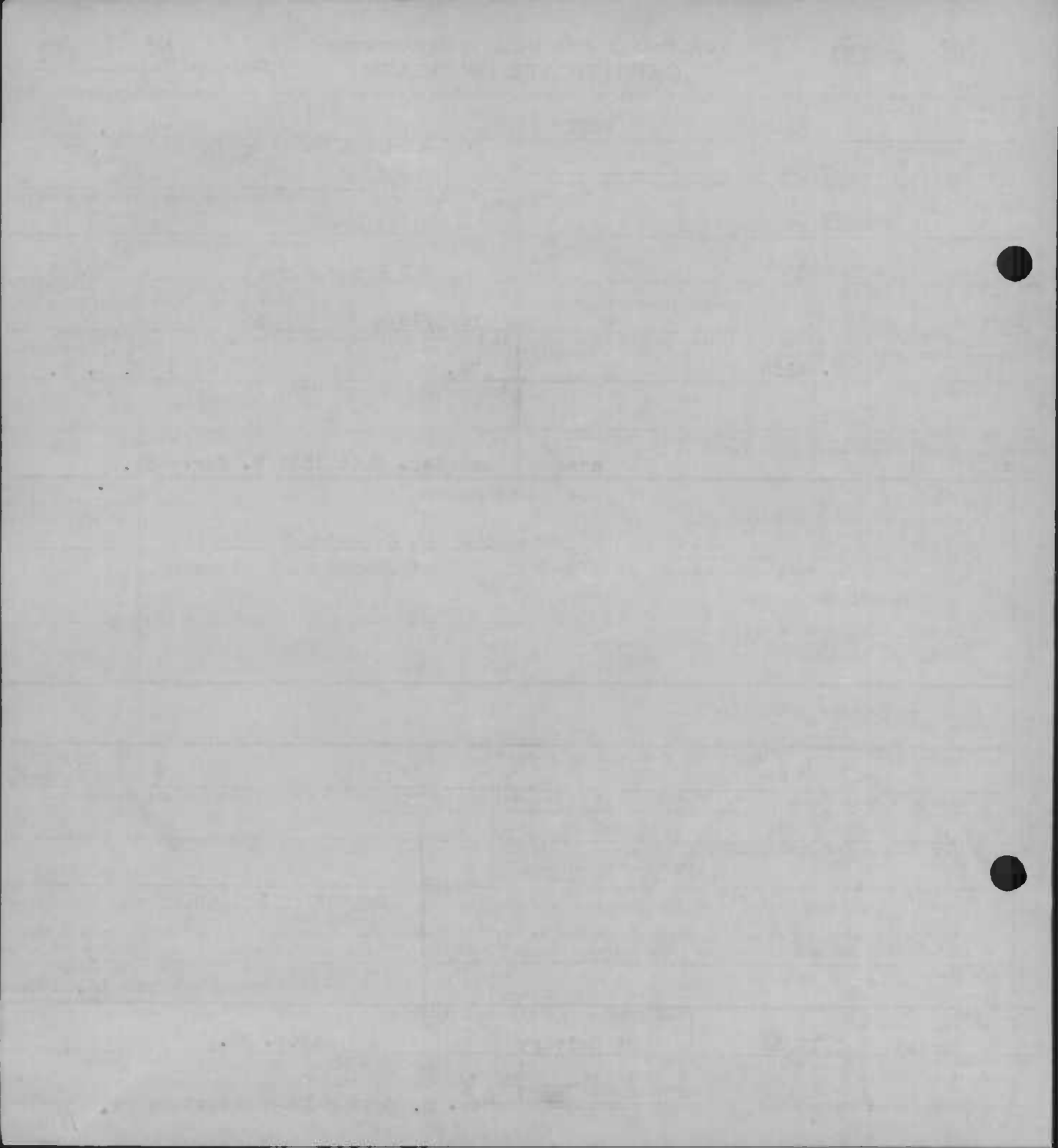
1. NAME OF DECEASED (Type or Print) HANNAH NUTT		2. DATE OF DEATH March 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 712 Bruce Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 10/1/1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 55
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Americus Nutt		ADDRESS 1532 N. Carey St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive and arteriosclerotic cardiovascular disease DUE TO cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Hypertensive and arteriosclerotic cardiovascular disease DUE TO cardiovascular disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Duckles</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED March 14, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/17/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952	REGISTRAR'S SIGNATURE <i>Huntington E. [illegible]</i>	25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St. <i>Geo. H. Kelson</i>		



52 2601

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2601
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALLY

ARMSTRONG

2. DATE
OF
DEATH

March 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Isaiah Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

658 W. Fairmount Avenue

8. DATE OF BIRTH

9. AGE (In years last birthday)

5-3-

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah

17. INFORMANT

ADDRESS

Alexander Harris Pickens

18. 490X

CAUSE OF DEATH

INTERVIEW BETWEEN

ON AND DEATH

M.Y.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia, right lower lobe

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/52

24C. NAME OF CEMETERY OR CREMATORY

McKallany

24D. LOCATION (City, town or county) (State)

Gedon Hill Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

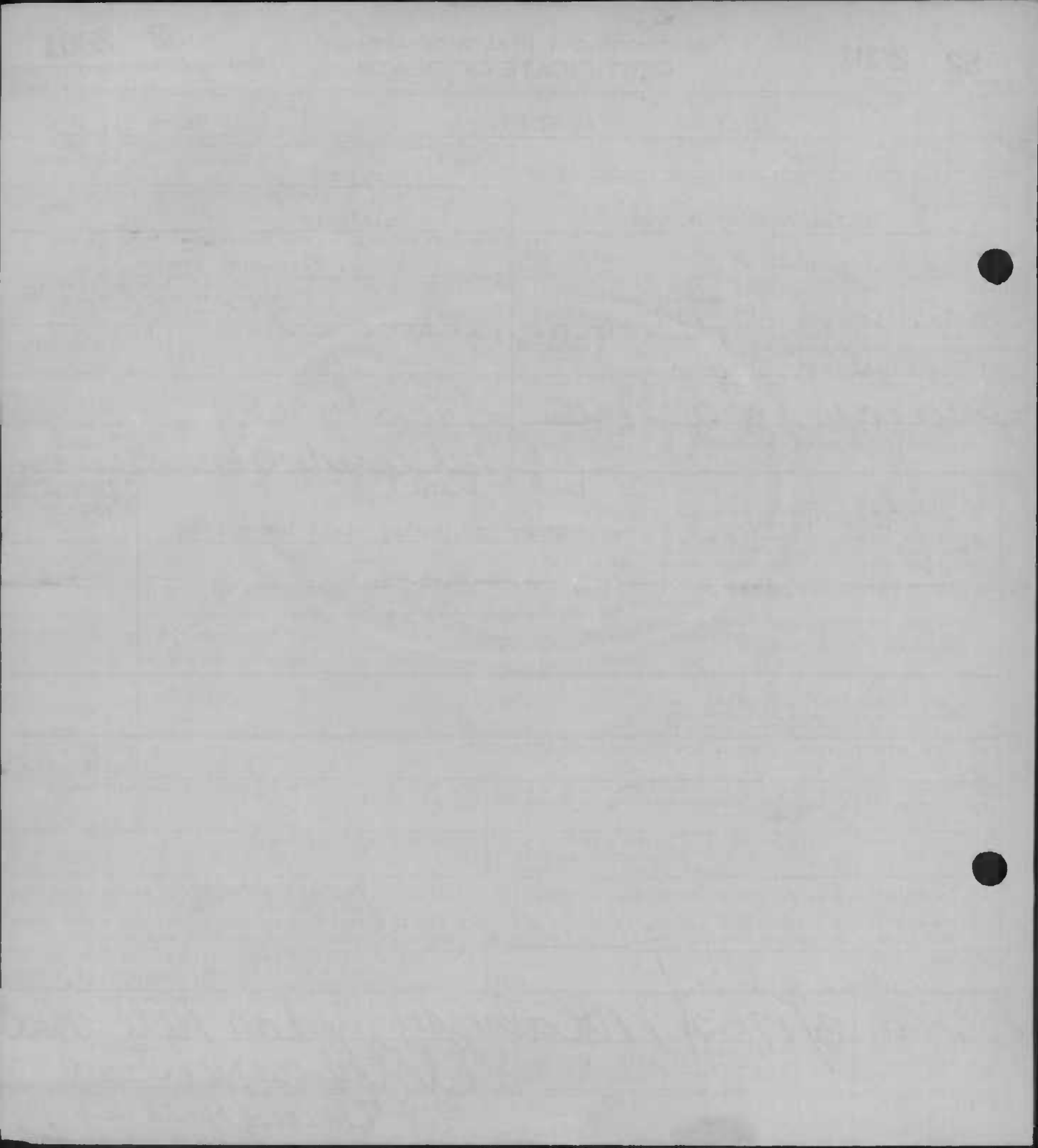
25. FUNERAL DIRECTOR

Adolphus Halstead

ADDRESS

7208A 918 Druid Hill art.

VS 151



P-536

52 2602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2602

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ola Anderson

2. DATE
OF
DEATH

3/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

Baltimore 4-02

D. STREET ADDRESS (If rural, give location)

710 Vine St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

February

9. AGE (In years

last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welfare

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Bowie

14. MOTHER'S MAIDEN NAME

Hattie Scott
Mary Ricciardi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Ricciardi (sister) 500 Block Jersey Ave.

CAUSE OF DEATH

18. 593X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Nephritis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1952 to 3/12, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

Huntington Williams, M.D.

Adolphus Halblace

918 Druid Hill Ave.

52 2803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2603

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL

SCOTT

2. DATE
OF
DEATH

March 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

509 W. Biddle Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

2/3/1920 31

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTH PLACE (State or foreign country)

Balt. md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Leopold

14. MOTHER'S MAIDEN NAME

Bessie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

220-24-1559

17. INFORMANT

ADDRESS

18. 353.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Post-traumatic epilepsy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Laceration and contusion of brain,
healed

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Scott

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.O. MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

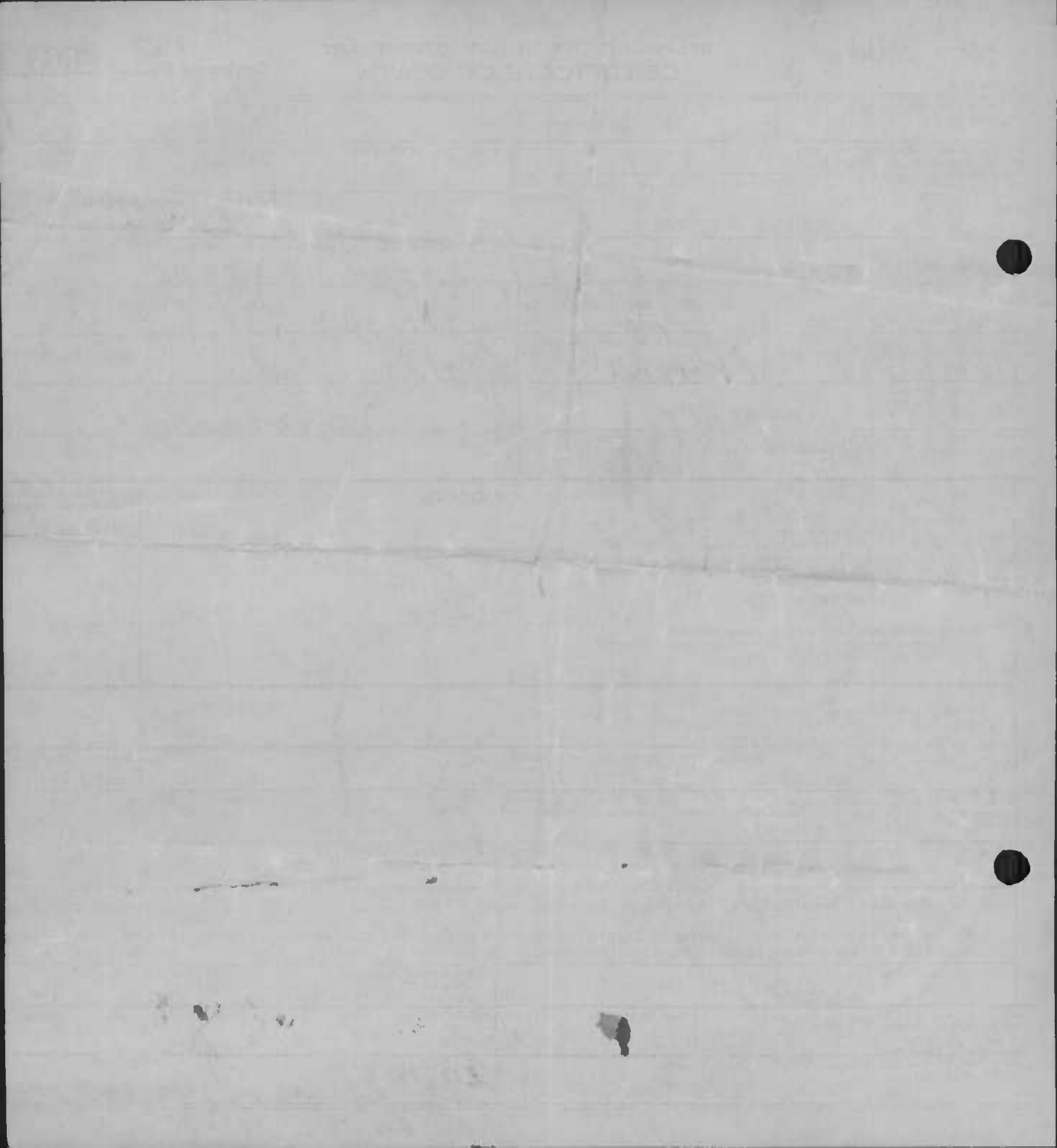
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 2604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2604
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Ella B. Lynch

2. DATE
OF
DEATH

March 15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1847 Spring St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-09

D. STREET ADDRESS (If rural, give location)

1847 1/2 Spring St

Length of stay in Baltimore

25 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 11, 1886

9. AGE (In years last birthday)

71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert H. Lowrey

14. MOTHER'S MAIDEN NAME

Abernethy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helen Wright Lambert

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive heart disease

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12 1952, to 15 March, 1952, that I last saw the deceased alive on 13 March, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Burrell

M. D.

23B. ADDRESS

121 Reisterstown Rd

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

Huntington Williams

129 N. Carroll St.

The following is a list of the
 names of the persons who
 have been elected to the
 office of the Board of
 Directors of the
 City of New York
 for the year 1885.

The following is a list of the
 names of the persons who
 have been elected to the
 office of the Board of
 Directors of the
 City of New York
 for the year 1885.

426

52 2805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2805

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT C. MELCHIOR

2. DATE
OF
DEATH

3-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

16-08

c. Length of stay in Baltimore

70 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3715 Flowerston Rd-29

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWER

8. PLACE OF BIRTH

1879

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days

4 16

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

UNION TRUST CO

11. BIRTHPLACE (State or foreign country)

BALTO MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis Melchior

14. MOTHER'S MAIDEN NAME

Elizabeth Shade

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-1478134

17. INFORMANT

ADDRESS

MRS. B. TOMPKINS 3715 FLOWERSTON RD

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Infarction

DUE TO

Coronary Artery Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Renovascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-29, 1952, to 3-16, 1952, that I last saw the
deceased alive on 3-15, 1952, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Boyce

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-16-52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

3/15/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Fried Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Geo H Rembach 24 N LYNWOOD AVE

MAR 17 1952

VS 150

76371

ST

MEDICAL CERTIFICATION

1892

1892

RAILROAD & MARINE DEPARTMENT

OFFICE OF THE CHIEF OF DEPARTMENT

Washington

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Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH MAR 15 1952		
1. NAME OF DECEASED (Type or Print) Gladys Smith O'Neil			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY X		
3. PLACE OF DEATH: A. Baltimore City, Maryland Acc Room			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		
5. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			D. STREET ADDRESS (If rural, give location) 232 Spring Ct		
c. Length of stay in Baltimore 20 Yrs.			8. DATE OF BIRTH 3-12-1910		
5. SEX female			9. AGE (In years last birthday) 42		
6. COLOR OR RACE colored			10. CITIZEN OF WHAT COUNTRY? H. S. A.		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			11. BIRTHPLACE (State or foreign country) Md.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			12. MOTHER'S MAIDEN NAME Laura Johnson		
10B. KIND OF BUSINESS OR INDUSTRY At Home			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
13. FATHER'S NAME John White			18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No		
16. SOCIAL SECURITY NO. _____			19. DATE OF OPERATION 1949		

18. 172X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO Adenocarcinoma Corpus uteri		(B) DUE TO Abdominal Metastases		3 yrs.	
ANTECEDENT CAUSES		(C) DUE TO Non functioning Kidney			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 1949		19B. MAJOR FINDINGS OF OPERATION Non functioning kidney - Retio pleuromed, intestinal metastases		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-15-1952 to 3-15-1952, that I last saw the deceased alive on 3-15-1952, and that death occurred at 6:57 p.m., from the causes and on the date stated above.

23A. SIGNATURE Robert E. L. Nesbitt, Jr., M.D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 3/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE H. H. Wilson		25. FUNERAL DIRECTOR'S ADDRESS		26. DATE SIGNED 3/15/52	

MEDICAL CERTIFICATION

NEW YORK
CERTIFICATE OF DEATH

42-1910

423
52 2607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2607
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nathan Alston</i>			2. DATE OF DEATH <i>3/14-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2028 Herbert St</i>			4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>3040</i>			D. STREET ADDRESS (If rural, give location) <i>2028 Herbert Street</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>O</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>OCT. 19, 1904</i>		9. AGE (In years, last birthday) <i>47</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>			11. BIRTHPLACE (State or foreign country) <i>S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Wimper Alston</i>			14. MOTHER'S MAIDEN NAME <i>Carrie Alston</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hester</i> <i>Carrie Alston</i>	

18. *163X* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of Rt lung
(A) DUE TO

INTERVAL BETWEEN ONSET AND DEATH
6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>Nov. 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Rt lung</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *19* to *19*, that I last saw the deceased alive on *5-4-52*, and that death occurred at *5-4-52* from the causes and on the date stated above.

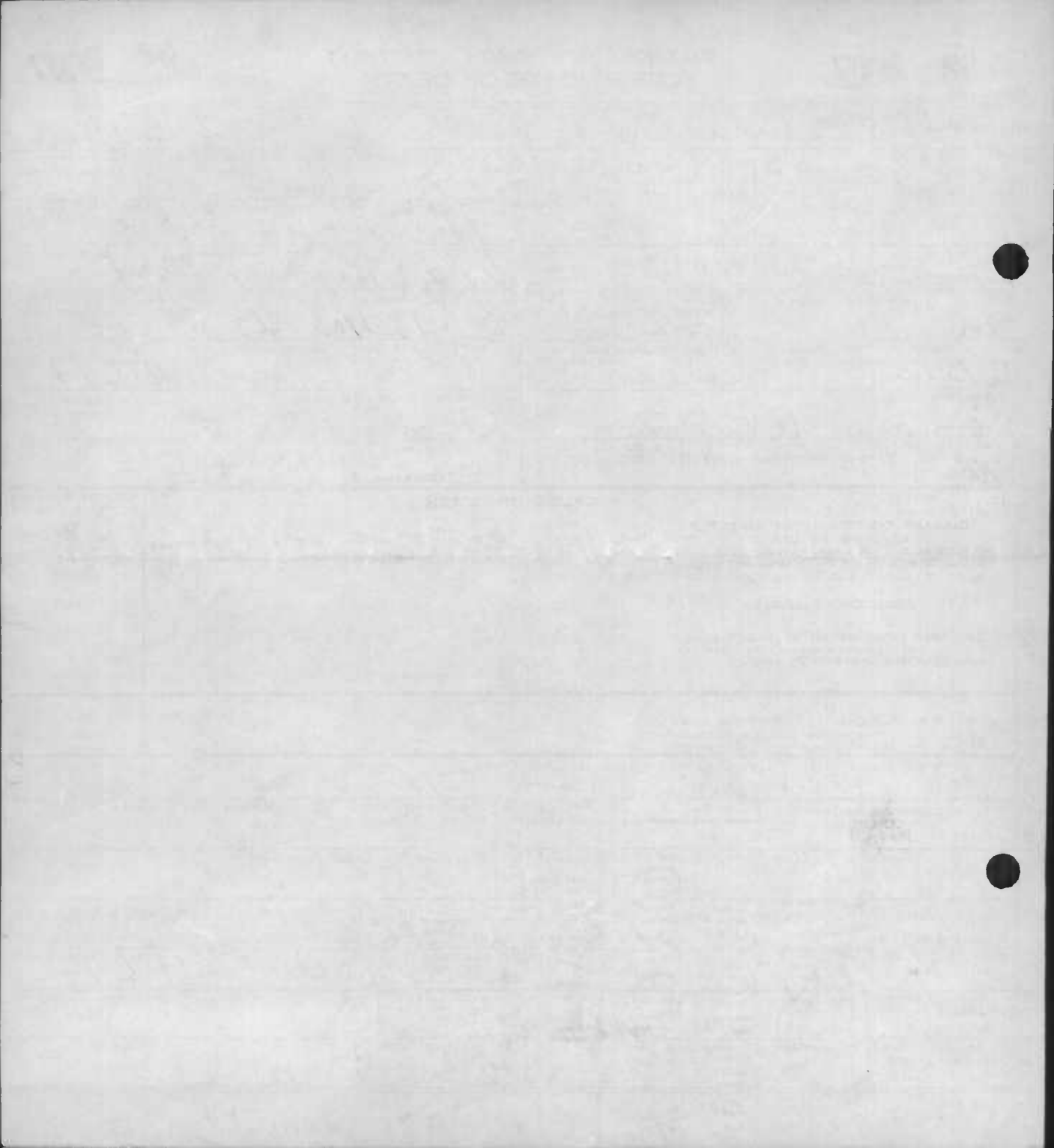
23A. SIGNATURE *Henry P. Johnson* 23B. ADDRESS *403 Med Arts Bldg* 23C. DATE SIGNED *3-14-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 18, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Whitmore S.C.</i>	24D. LOCATION (City, town, or county) (State) <i>Whitmore S.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1952</i>		25. FUNERAL DIRECTOR <i>W. D. Wilson</i>	

VS 150

Whitmore S.C. 97099/1000 Cranberry a

MEDICAL CERTIFICATION



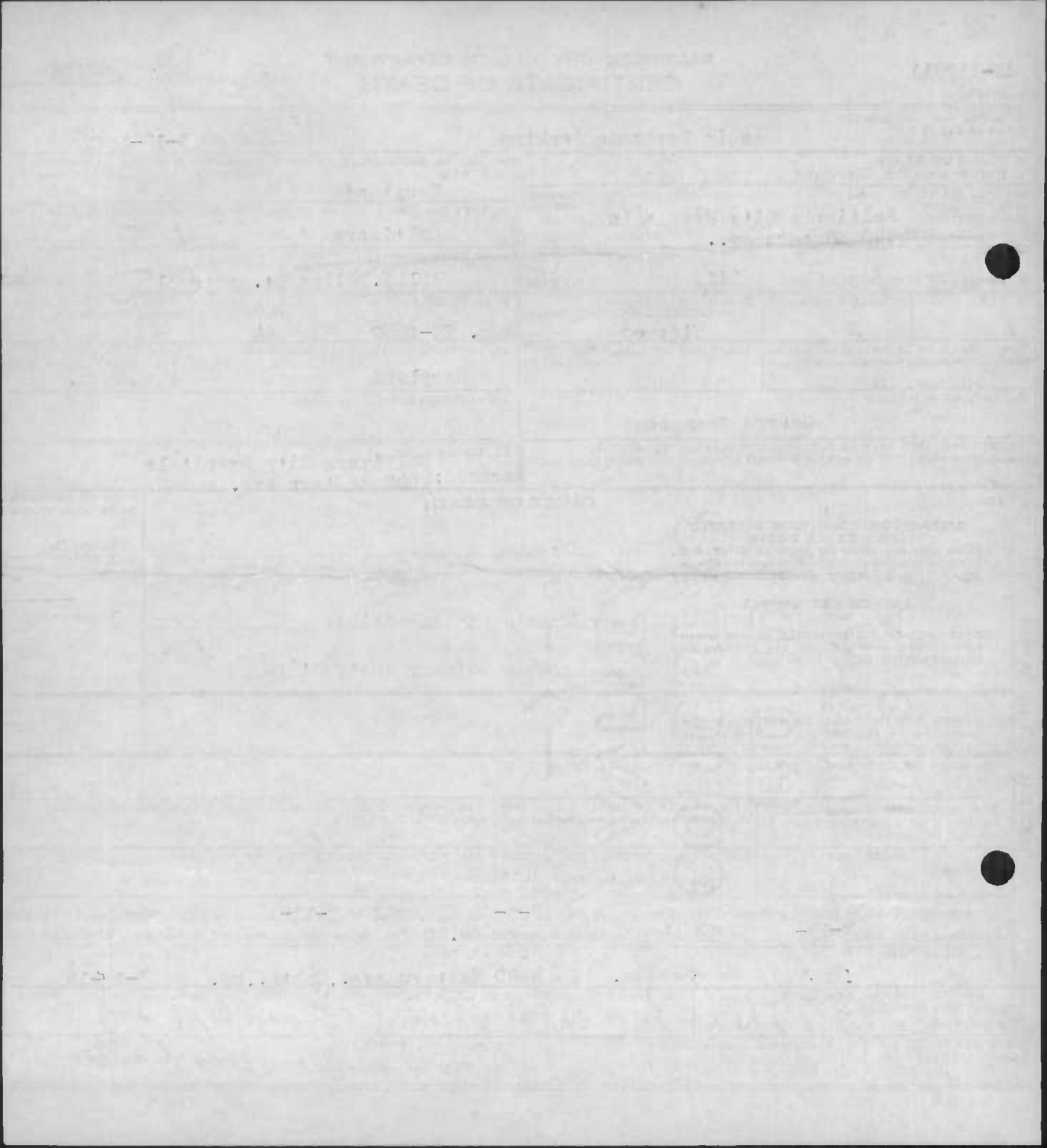
525 2608
AB-157311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2608

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Annie Gertrude Jenkins			2. DATE OF DEATH 3-13-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 6-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 101 N. Dallas St. zone 31		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 20-1887		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Thompson			14. MOTHER'S MAIDEN NAME Roseta Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Baltimore City Hospitals Records: 4040 Eastern Ave.			
18. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Chronic pyelonephritis Chronic urinary obstruction			INTERVAL BETWEEN ONSET AND DEATH 3 Weeks 3 months		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-9 , 1952, to 3-13 , 1952, that I last saw the deceased alive on 3-13 , 1952, and that death occurred at 4.30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE P.B. O'Brien		23B. ADDRESS M. D. 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 3-14-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/52		24C. NAME OF CEMETERY OR CREMATORY Brooklyn	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington White		FUNERAL DIRECTOR Elroy O. Wilson 1000 Beatty St	

MEDICAL CERTIFICATION



652

52 2609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2609

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Harrington

2. DATE
OF
DEATH

March 13/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

128 N. Exeter St.

c. Length of stay in Baltimore

22 Yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March-10-1892

9. AGE (in years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Phyllis Harrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16 1952 to 3-13 1952 that I last saw the
deceased alive on 3-13 1952 and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Carol S. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952
VS 150

Harrington, Md.

1000 Beantley

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152
52 2610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2610
Registered No.

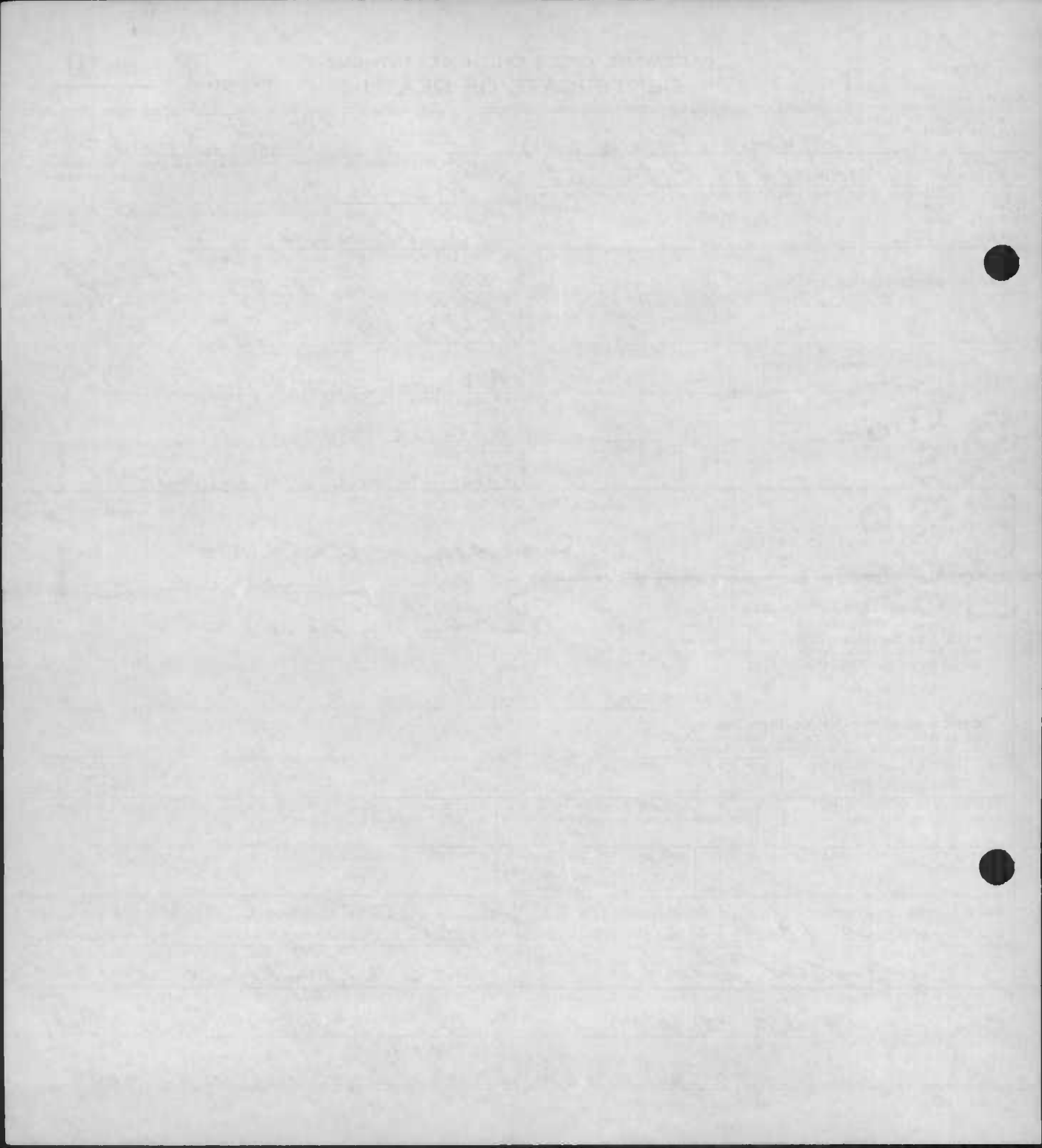
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary Robinson</u>		2. DATE OF DEATH <u>3-13-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1907 Ething St</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>14-03</u>	
c. Length of stay in Baltimore <u>55 years</u>		D. STREET ADDRESS (If rural, give location) <u>1907 Ething Street</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Ed. W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>8/1/1874</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		9. AGE (In years last birthday) <u>77</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Williamsport, Maryland</u>	
13. FATHER'S NAME <u>David Brown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Cecilia Grace</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Nolan Brown Williamsport, Md.</u>	

18. <u>442X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <u>Cardio - Vascular</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(B) <u>Renal Disease</u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO			
		(C)			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>51</u> , to <u>March</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-13</u> , 19 <u>52</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>W. B. Butler</u>		M. O. <u>2033 Dundas</u>		23C. DATE SIGNED <u>3-12-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>March 17, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Int. Auburn Cemetery (Westport) Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Joseph L. Russ</u> ADDRESS <u>1200 McCulloch St.</u>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2611**

1. NAME OF DECEASED (Type or Print) EMMA HERBERT (THOS.)		2. DATE OF DEATH 3/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1623 N CAREY ST		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY 15-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO	
C. Length of stay in Baltimore 42 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1623 N CAREY ST	
5. SEX FEMALE	6. COLOR OR RACE COLOR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH APR 8, 1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 42 If Under 1 Year: Months 11 Days 7 If Under 24 Hours: Hours 7 Min.
13. FATHER'S NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT PEARL JONES		ADDRESS 1623 N CAREY	

18. 480X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LA GRIPPE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BRONCHO PNEUMONIA DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 8 DAYS 5 DAYS
---	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MAR 10, 1952** to **MAR 15, 1952**, that I last saw the deceased alive on **MAR 15, 1952**, and that death occurred at **4P** m., from the causes and on the date stated above.

23A. SIGNATURE William Frey		23B. ADDRESS 1928 Penna Ave		23C. DATE SIGNED 3/17/52	
---------------------------------------	--	---------------------------------------	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/52		24C. NAME OF CEMETERY OR CREMATORY St Peter's		24D. LOCATION (City, town, or county) (State) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. Nelson		ADDRESS 1303	
7546M Priestman St							

MEDICAL CERTIFICATION

23 36

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11-1-61

316
52 2612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2612
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN STAUFFER		3/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 104 E. Clement St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE Md.	
C. Length of stay in Baltimore				B. COUNTY	
5. SEX M				6. DATE OF BIRTH II/II/1874	
6. COLOR OR RACE W				7. AGE (In years last birthday) 77	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M				8. CITY OR TOWN Baltimore	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker				9. STREET ADDRESS (If rural, give location) 104 E. Clement St.	
10B. KIND OF BUSINESS OR INDUSTRY Potthast Co.				10. CITIZEN OF WHAT COUNTRY? Germany	
13. FATHER'S NAME John				11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				12. CITIZEN OF WHAT COUNTRY? ?	
16. SOCIAL SECURITY NO.				13. MOTHER'S MAIDEN NAME Elizabeth	
17. INFORMANT Family - Same				14. ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Chronic Bronchitis		2 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Chronic Bronchitis		2 yrs	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Chronic Myocardial Failure		6 mos	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19, 1952 to March 16, 1952, that I last saw the deceased alive on 3/13/1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Isaac Miller		23B. ADDRESS 1225 Charles St		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 3/19/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
				24D. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.	

MEDICAL CERTIFICATION

2000
Scuba

520
52 2613BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2613

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER W. CANNOX

2. DATE
OF
DEATH

3/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland II3 E. Ostend St.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

II3 E. Ostend St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

I/24/07

9. AGE (in years
last birthday)

45

Under 1 Year # Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Store Room Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Davidson Chem. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Carrie Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13/52, 19__, to 3/14/52, 19__, that I last saw the
deceased alive on 3/14/52, 19__, and that death occurred at 2⁰⁰ P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

3/18/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county) (State)

Brooklyn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

Huntington-Wallace, 108

James L. McCully - 130 East Fort Avenue

VS 150

390 4R

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Mary F. Meyers* 2. DATE OF DEATH *3/16/52*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
A. STATE _____ B. COUNTY _____

5. FULL NAME OF (If not in hospital or institution, give street address or location) *1609 N. Dallas St.* C. CITY OR TOWN *Baltimore* (If outside corporate limits, give R.U.A.L. and give township)
D. STREET ADDRESS (If rural, give location) *1609 Dallas St*

c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____ 8. DATE OF BIRTH *1895* 9. AGE (In years last birthday) *56* If Under 1 Year Months: Days If Under 24 Hours Hours: Min. _____

5. SEX *F* 6. COLOR OR RACE *C* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 10B. KIND OF BUSINESS OR INDUSTRY *Home* 11. BIRTHPLACE (State or foreign country) *md* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *George Oler* 14. MOTHER'S MAIDEN NAME *Anna Monomers*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT *Lucille Johnson* ADDRESS *1609 Dallas*

18. *480x* CAUSE OF DEATH *Lobar Pneumonia* INTERVAL BETWEEN ONSET AND DEATH *6 days*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Exposure & Influenza*

ANTECEDENT CAUSES DUE TO (B) DUE TO (C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *3/10* to *3/16*, 19*52*, that I last saw the deceased alive on *3/16*, 19*52* and that death occurred at *5:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Dr. R. Blake* 23B. ADDRESS *1603-4. Caroline* 23C. DATE SIGNED *3/17/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *3/20/52* 24C. NAME OF CEMETERY OR CREMATORY *Mt Calver* 24D. LOCATION (City, town, or county) (State) *Brooklyn Md*

DATE RECEIVED BY LOCAL REGISTRAR *MAR 17 1952* REGISTRAR'S SIGNATURE *Huntington* 25. FUNERAL DIRECTOR *W. H. Hackett* ADDRESS *985*

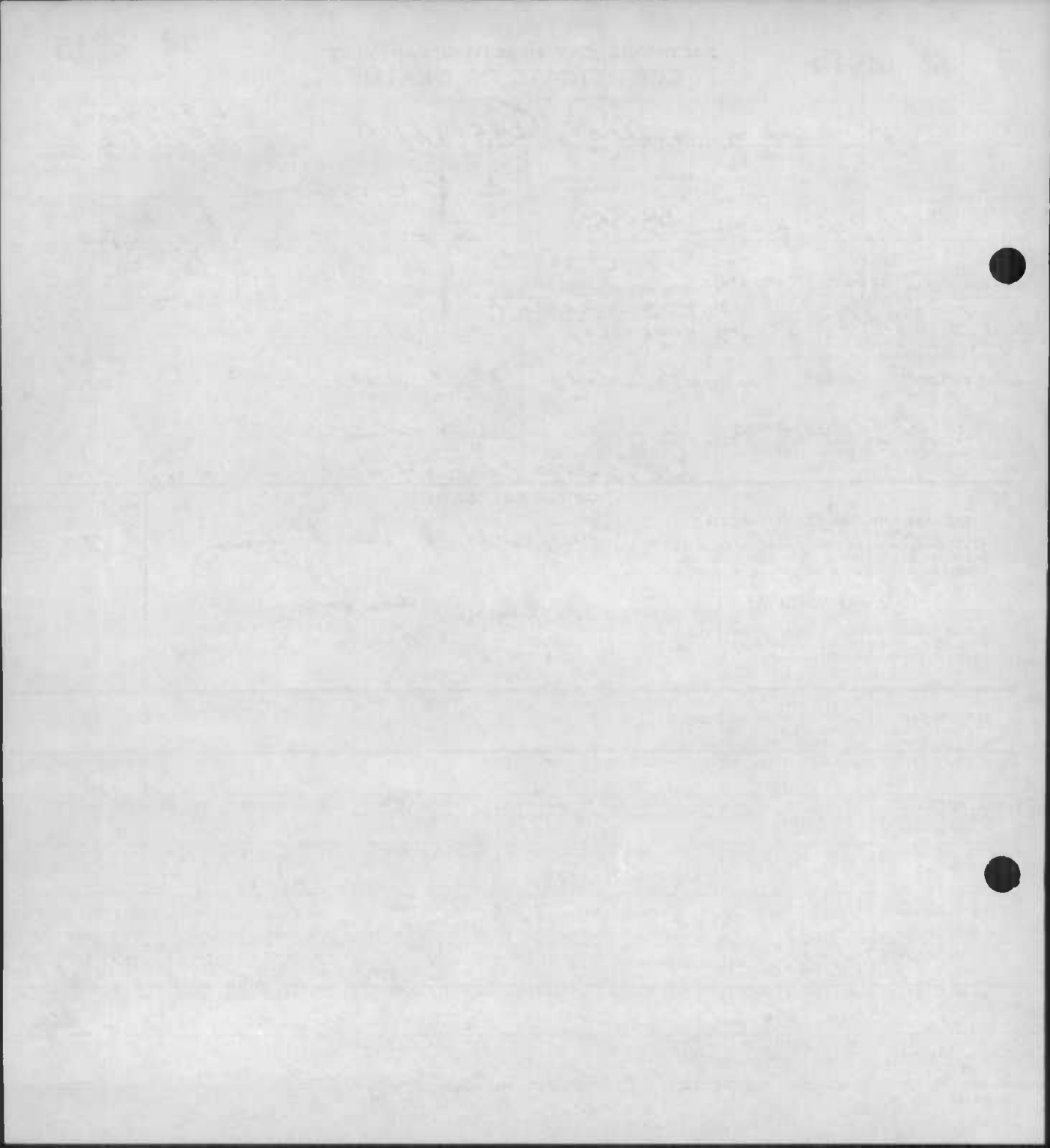
VS 150

VS 150



BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM (WILLIE) HERRMANN		2. DATE OF DEATH Lat. March 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 118 W. Burnett St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01			
5. Length of stay in Baltimore Lib		D. STREET ADDRESS (If rural, give location) 118 W. Burnett St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 21, 1885	9. AGE (in years, last birthday) 66	10. Under 1 Year Months: Days: 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano Finisher		10B. KIND OF BUSINESS OR INDUSTRY Piano Industry		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Herrmann		14. MOTHER'S MAIDEN NAME Anna Heibert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-14-0480		17. INFORMANT Casper H. Herrmann (Bro.)	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency		CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) Coronary Artery Disease DUE TO (C) Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH ? years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/13 , 19 52 , to 3/15 , 19 52 , that I last saw the deceased alive on 3/11 , 19 52 , and that death occurred at 5308 m., from the causes and on the date stated above.					
23A. SIGNATURE J. E. Evans		23B. ADDRESS 107 E. West St.		23C. DATE SIGNED 3/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn 9 A. C., Md.		25. FUNERAL DIRECTOR G. Howard Evans		ADDRESS 69032/14005, Charles St Balt 30, Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Wilmington Williams		VS 150	

MEDICAL CERTIFICATION



260

52 2616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2616

Registered No.

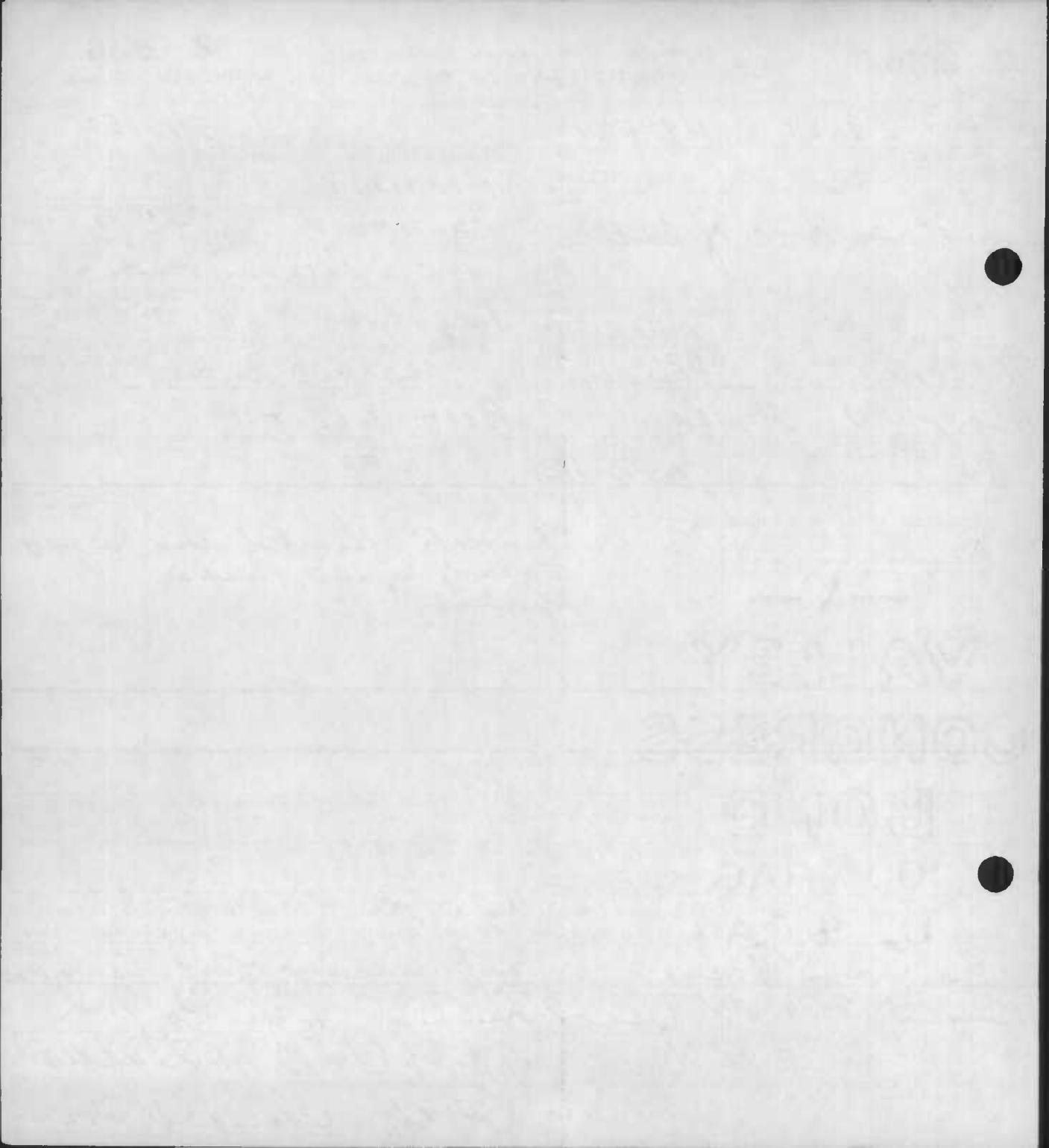
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EARLE L. HYSER		2. DATE OF DEATH 3/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Ruthers Hosp. of Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-03	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 405 S. Calhoun St. #23	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 15, 1903
9. AGE (in years last birthday) 48		10. CITIZENSHIP (If Under 1 Year Months: Days If Under 24 Hours Hours: Min.)	
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) MACHINIST		10B. KIND OF BUSINESS OR INDUSTRY RADIO ASSEMBLY	
11. BIRTHPLACE (State or foreign country) MARYLAND-Balt.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ALBERT W. HYSER		14. MOTHER'S MAIDEN NAME BERTHA GLENT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 715-10-4831	
17. INFORMANT WIFE		ADDRESS	

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease DUE TO renal, hepatic, & cardiac failure.		INTERVAL BETWEEN ONSET AND DEATH 6 years.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-19-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 10, 1952 to March 16, 1952 , that I last saw the deceased alive on Mar. 15, 1952 and that death occurred at 12:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Marion S. Daly		23B. ADDRESS Ruthers Hosp. of Md.		23C. DATE SIGNED Mar. 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3-19-52		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) (State) G.D. Co Md		24E. FUNERAL DIRECTOR Pratt & Strickland		24F. ADDRESS 5443 M Pratt & Strickland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24G. FUNERAL DIRECTOR Pratt & Strickland	

MEDICAL CERTIFICATION



252
52 2617
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2617

1. NAME OF DECEASED (Type or Print) Buddy Washington		2. DATE OF DEATH 3/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION University		C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) Baltimore 14-03	
C. Length of stay in Baltimore 15		D. STREET ADDRESS (If rural, give location) 569 Presstman St	
5. SEX M	6. COLOR OR RACE B	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-22-1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Contractor	9. AGE (In years last birthday) 38 If Under 1 Year: Months: Days If Under 24 hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME William Washington S. C.		14. MOTHER'S MAIDEN NAME Mary Leake S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 224-01-2251	17. INFORMANT Ruth Washington ADDRESS 524 Presstman St
18. 401.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Bacterial Endocarditis DUE TO (B) Clostridium Welchii (?) DUE TO (C) Rheumatic C-V. Disease AORTIC VALVULITIS Cerebral, Renal, Splenic, Infarcts Pulmonary Congestion			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 3-15-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-6 , 19 52 , to 3-13 , 19 52 , that I last saw the deceased alive on 3/13 , 19 52 , and that death occurred at 5 P m., from the causes and on the date stated above.			
23A. SIGNATURE John A. Haglton		23B. ADDRESS University Hospital	
23C. DATE SIGNED 3/13/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-15-52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR William A. Jackson		ADDRESS Perma	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
MAR 17 1952

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2618

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LULA PRICE			2. DATE OF DEATH 3-17-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 514 N. CARROLTON AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1800		
C. Length of stay in Baltimore 40 Yrs. 40 Mos. Days 			D. STREET ADDRESS (If rural, give location) 514 N. CARROLTON AVE		
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPERATED	8. DATE OF BIRTH 5/5/1889		9. AGE (In years last birthday) 62 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10B. KIND OF BUSINESS OR INDUSTRY HOUSE WORK.		11. BIRTHPLACE (State or foreign country) W. Va.
13. FATHER'S NAME ROBERT PRICE - Unknown			14. MOTHER'S MAIDEN NAME Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 			16. SOCIAL SECURITY NO. 		
17. INFORMANT GEORIANA GRAY EDMONSON			18. ADDRESS 1108 GEORIANA GRAY EDMONSON AVE.		

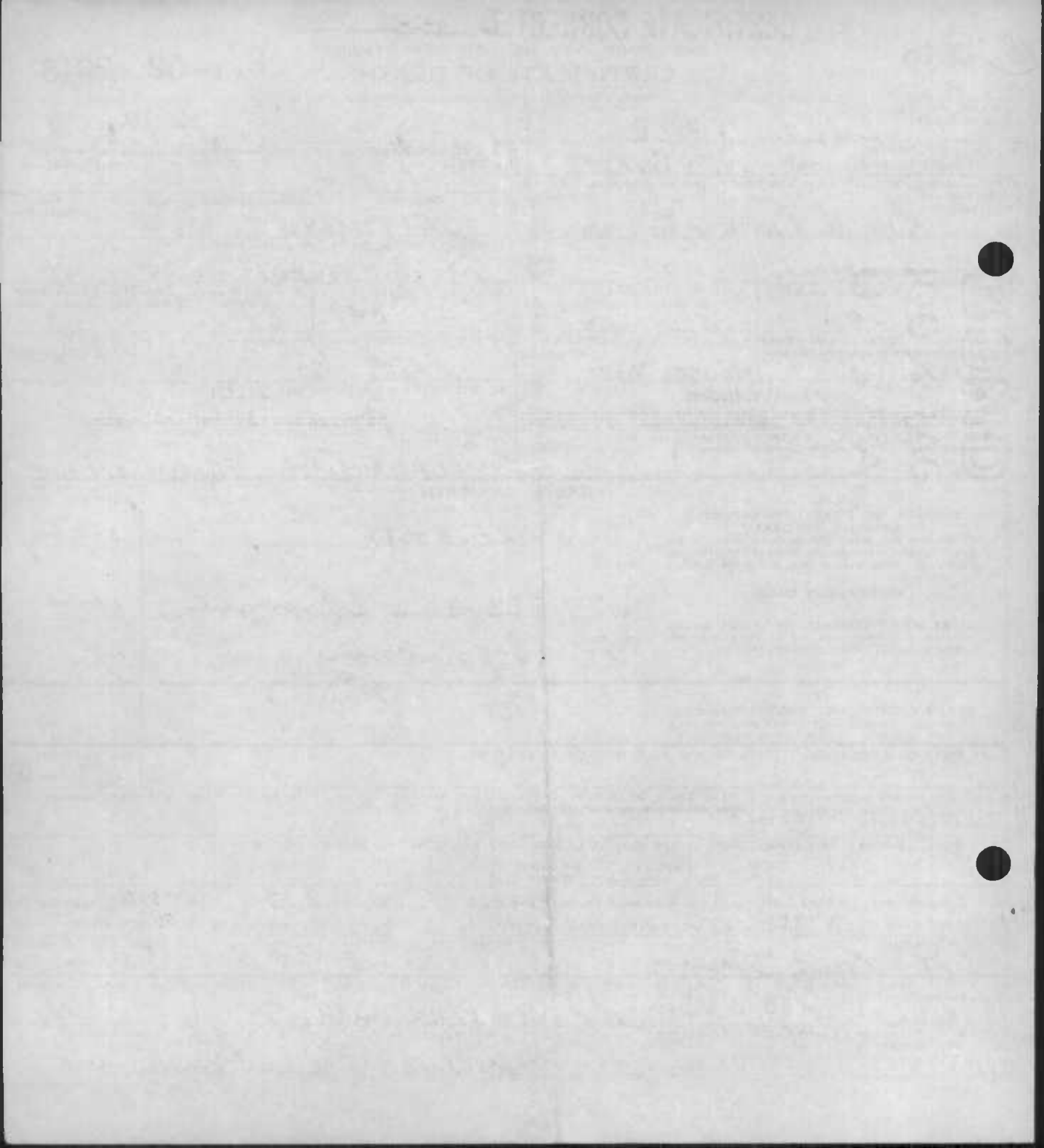
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acidosis		INTERVAL BETWEEN ONSET AND DEATH 2-3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Anemia Asystole		1 week 3 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19, 1941 , to 3/7 , 19 52 , that I last saw the deceased alive on 3/16 , 19 52 and that death occurred at 3 m., from the causes and on the date stated above.					
23A. SIGNATURE H. Louis Jones		23B. ADDRESS 1100 Prince St E		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-20-52		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM PARK	
24D. LOCATION (City, town, or county) ARBUTUS		24E. STATE MD.		25. FUNERAL DIRECTOR WILLIAM A. JACKSON	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE WILLIAM A. JACKSON		ADDRESS 916 JACKSON PENNA. AVE.	

VS 150

7208A

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2619**

BIRTH NO. 432 2 2619			1. NAME OF DECEASED (Type or Print) William Goldstein			2. DATE OF DEATH 3/16/52					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-01			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
B. FULL NAME OF HOSPITAL OR INSTITUTION Pinet Hospital			D. STREET ADDRESS (If rural, give location) Marlborough Apts Putaw Place & Wilson			E. LENGTH OF STAY IN BALTIMORE 7 Yrs					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 3, 1882		9. AGE (In years last birthday) 69			10. Under 1 Year Months: Days: Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Jewellery Business			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) New York City			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME David Goldstein			14. MOTHER'S MAIDEN NAME Rachael ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Michael Goldstein			ADDRESS 3446 Reisterstown Road			18. 180X			CAUSE OF DEATH		

MEDICAL CERTIFICATION

18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatous			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Uterus					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3/16/52		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/16/52 to 3/16/52 , that I last saw the deceased alive on 3/16/52 and that death occurred at 60 from the causes and on the date stated above.					
23A. SIGNATURE Sam E. Kassel M. D.		23B. ADDRESS Pinet Hospital		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Beth Tfiloh Cemetery	
				24D. LOCATION (City, town, or county) (State) Windsor Mill Road	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Sol. Greenman Bros ADDRESS 1126 W North ave	

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WALLEY
CONGIBER

CONGIBER

CONGIBER



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2620
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Albert Smith		2. DATE OF DEATH MAR 16 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Penitentiary Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
D. STREET ADDRESS (If rural, give location) 562 Baker St.			
c. Length of stay in Baltimore 9 yrs		Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE BLACK	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 21, 1925
9. AGE (In years last birthday) 26		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY General	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown Roland G. Smith		14. MOTHER'S MAIDEN NAME Mary Smith Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Lewis Smith		ADDRESS 562 Baker St.	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis	CAUSE OF DEATH (A) Pulmonary Tuberculosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH about 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) — DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) mental deterioration		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-15-52**, 19**52**, to **3-15-52**, 19**52**, that I last saw the deceased alive on **3-15**, 19**52**, and that death occurred at **11:55 AM** on the causes and on the date stated above.

23A. SIGNATURE Henry D. Hill	23B. ADDRESS Balto, Md.	23C. DATE SIGNED 3-16-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-20-1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Trm. Pk.	24D. LOCATION (City, town, or county) (State) Balto. Co. Ind.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Holladay Funeral Home	ADDRESS 21251 Druid Hill Ave.
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UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

100

MEMORANDUM FOR THE CHIEF OF STAFF

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2621
Registered No. _____

BIRTH NO. <u>160</u> <u>2621</u>		1. NAME OF DECEASED (Type or Print) <u>Baby Girl Hoffer</u>		2. DATE OF DEATH <u>Mar. 16, 52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Ind -</u> B. COUNTY <u>Bernard</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Westminister</u>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>5641</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Mar. 13, 52</u>		9. AGE (in years last birthday) <u>9</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ind -</u>	
13. FATHER'S NAME <u>James Hoffer</u>		14. MOTHER'S MAIDEN NAME <u>Bessie Winter</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

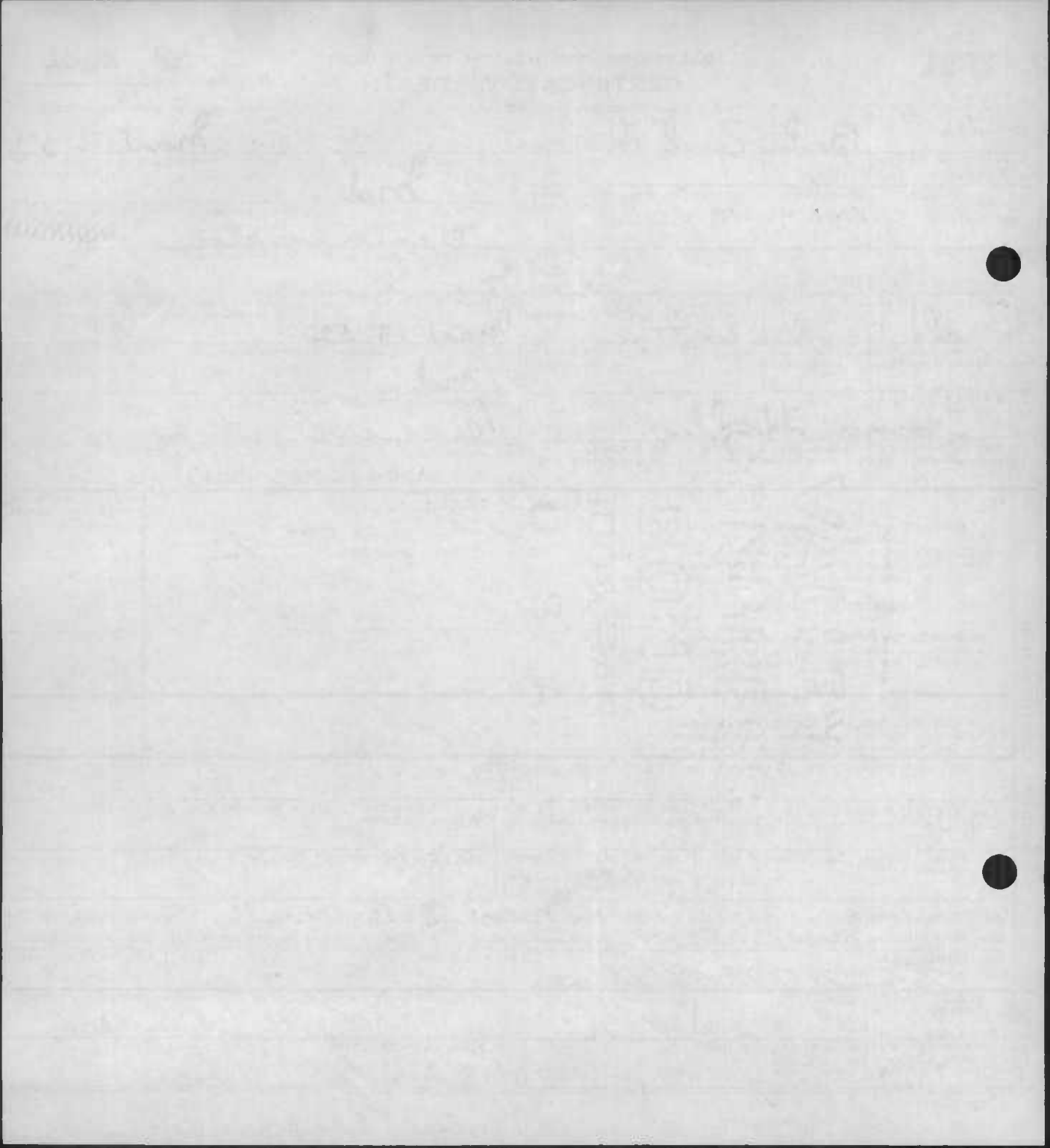
18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar. 13, 1952 to Mar. 16, 1952 that I last saw the deceased alive on Mar. 16, 1952 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Dr. M. M. Philip</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED	
---	--	---	--	------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/17/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Winter's Cem</u>		24D. LOCATION (City, town, or county) (State) <u>New Windsor Ind</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>W. D. Hargler & Sons</u> <u>Union Bridge New Windsor</u>			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2622**

BIRTH NO. **52-05695**

1. NAME OF DECEASED
(Type or Print)

Prise

2. DATE OF DEATH **March 11, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1615 Lamont Ave.

C. Length of stay in Baltimore

1 half hr. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ship Fitter

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Baltimore, 1615 Lamont Ave.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Walter Prise

14. MOTHER'S MAIDEN NAME

Goldie Mae Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **762.5**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Atelectasis**

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Prematurity**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **March 11, 1952** to **March 11, 1952**, that I last saw the deceased alive on **March 11, 1952**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William D. Baskin, M.D. **1400 N. Caroline St.**

3/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/18/52

Holy Redeemer

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

William D. Baskin

5305 1st

Harford

EXHIBIT 10

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

14. [Illegible text]

15. [Illegible text]

16. [Illegible text]

17. [Illegible text]

18. [Illegible text]

19. [Illegible text]

20. [Illegible text]

21. [Illegible text]

22. [Illegible text]

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BALTIMORE CITY HEALTH DEPARTMENT

52 2623

BIRTH NO. 2623 52-04979

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH <u>March 1, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>7-01</u>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
6. Length of stay in Baltimore <u>1 da.</u>			D. STREET ADDRESS (If rural, give location) <u>3107 McEldrey St.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 1, 1952</u>		9. AGE (in years last birthday) <u>55</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Franklin Andrew White</u>			14. MOTHER'S MAIDEN NAME <u>Eleanor Mary Morgan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 776x I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Immaturity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 1, 1952</u> , to <u>March 1, 1952</u> , that I last saw the deceased alive on <u>March 1, 1952</u> and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>James H. Dwyer</u>		23B. ADDRESS <u>1100 N. Caroline St.</u>		23C. DATE SIGNED <u>March 2, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/18/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>		24F. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>15305 Hayford Rd</u>	

STATE OF TEXAS

COUNTY OF DALLAS

Know all men by these presents, that

JOHN A. SMITH, of the County of Dallas, State of Texas,

do hereby certify that

the within and foregoing is a true and correct copy

of the original as the same appears from the records

of the County of Dallas, State of Texas.

In testimony whereof, I have hereunto set my hand and

affixed the seal of said County, at Dallas, Texas, this

10th day of January, 1900.

JOHN A. SMITH, County Clerk.

My commission expires the 10th day of January, 1901.

Witness my hand and the seal of said County, at Dallas, Texas, this

10th day of January, 1900.

JOHN A. SMITH, County Clerk.

My commission expires the 10th day of January, 1901.

Witness my hand and the seal of said County, at Dallas, Texas, this

10th day of January, 1900.

JOHN A. SMITH, County Clerk.

My commission expires the 10th day of January, 1901.

Witness my hand and the seal of said County, at Dallas, Texas, this

10th day of January, 1900.

JOHN A. SMITH, County Clerk.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA Terreen

2. DATE
OF
DEATH

3/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hosp.

C. Length of stay in Baltimore

40 Yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

13. FATHER'S NAME

David Linsk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3401 W. Rogers Avenue

8. DATE OF BIRTH

1884

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Miriam?

17. INFORMANT

ADDRESS

Louis J. Berman - 3810 Cedarvale Rd.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive - Arteriosclerotic

DUE TO

Cardiovascular disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952, to 3/17, 1952, that I last saw the
deceased alive on 3/17, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

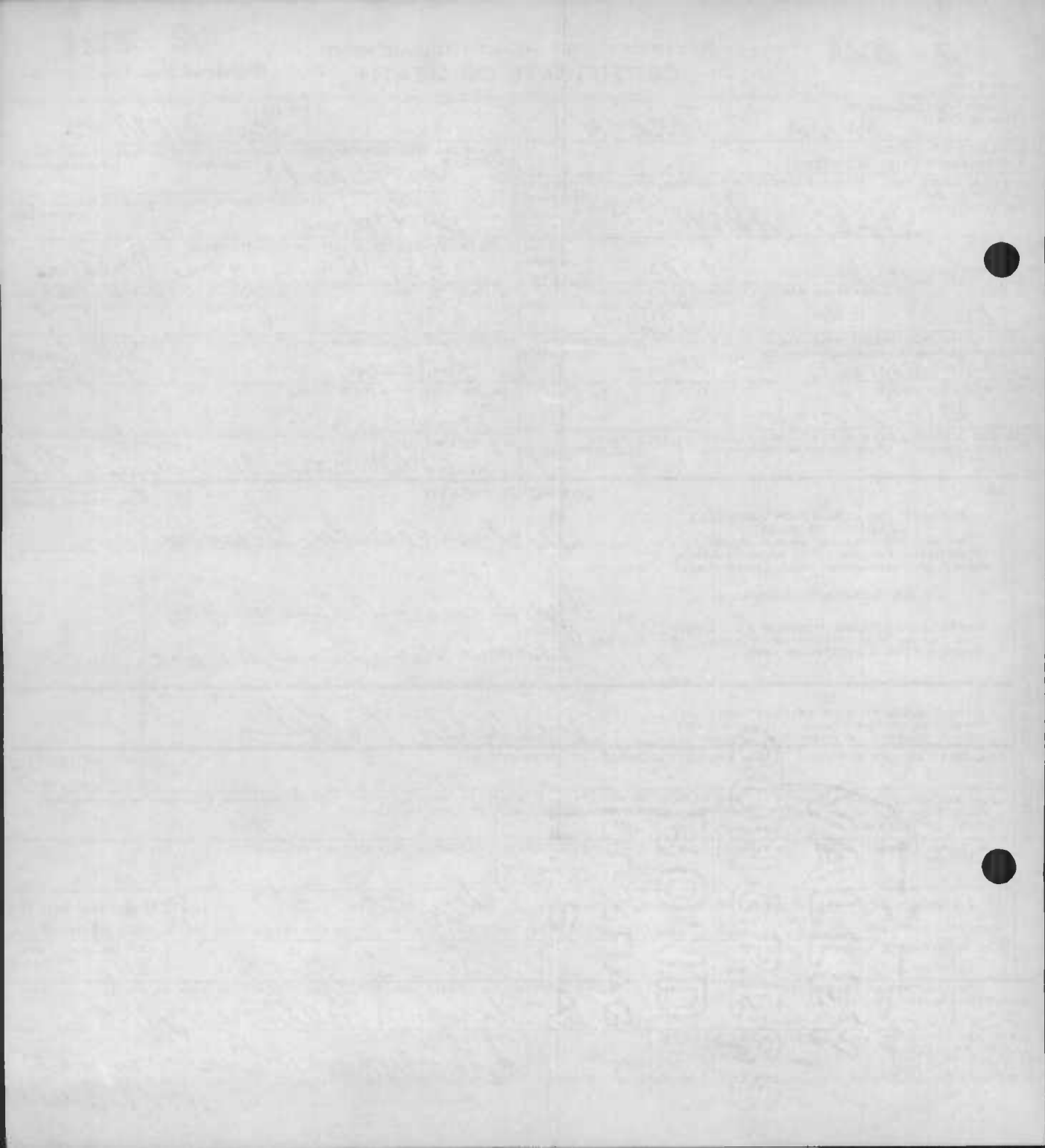
25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

Huntington Williams, M.D.

Selig Levinson - 1124-26 W.
North Avenue



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 58 2625

BIRTH NO. 522

1. NAME OF DECEASED (Type or Print) <u>Frank Fouces</u>			2. DATE OF DEATH <u>3-15-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>19-04</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Franklin Square Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
Length of stay in Baltimore Yrs. <u>14</u> Mos. <u>5</u> Days <u>14</u>			D. STREET ADDRESS (If rural, give location) <u>14 S. Gilman St.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 4-1887</u>		9. AGE (In years last birthday) <u>64</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>metal polisher</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Frank Fouces</u>			14. MOTHER'S MAIDEN NAME <u>2</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Lorena Cook - Tramore</u>	
18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Cardiovascular Disease</u>			12. CITIZEN OF WHAT COUNTRY?		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			ADDRESS <u>6214</u>		

MEDICAL CERTIFICATION

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT _____		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William V. ...</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. <u>3-16-52</u>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/18/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Moreland Park</u>	24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1952</u>		REGISTRAR'S SIGNATURE <u>Thurston ...</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>5305 Hayford Rd</u>

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2626
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Heinbuch</i>		2. DATE OF DEATH <i>Mar. 15-1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>5007 Halder Ave</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-03</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>5007 Halder Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 4-1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>73</i> If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Pfeiffer</i>		14. MOTHER'S MAIDEN NAME <i>Sophia ?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mr. J. L. Heinbuch same</i>
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Hemorrhage (massive)</i> DUE TO (B) <i>Cerebral Hemorrhage 1944 & 1946</i> DUE TO (C) <i>Hypertension</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>10 yrs</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>no</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 13, 1952</i> , to <i>3-15, 1952</i> , that I last saw the deceased alive on <i>3-14, 1952</i> and that death occurred at <i>2 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>L. L. Condy</i>		23b. ADDRESS <i>5106 Harford Road</i>	
23c. DATE SIGNED <i>3-17-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9/17/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams & Co</i>	
VS 150		ADDRESS <i>15305 Harford</i>	

MEDICAL CERTIFICATION

1050.

5106 7th April 1911

Dr. Gandy

520
52 2627
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2627
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John Edward Jones</i>		2. DATE OF DEATH <i>Mar. 14-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2403 Chesterfield</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 8-01</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2403 Chesterfield Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 26-1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Restaurant Owner</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>72</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James P. Jones</i>		14. MOTHER'S MAIDEN NAME <i>Amelia Parr</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Eleanor Jones - same</i>
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Occlus</i> INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hr.</i>		19. DATE OF OPERATION	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Ch myocarditis</i> (B) <i>10 yrs per tension</i> (C) <i>arterio sclerosis</i>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>19</i> to <i>March 14, 1952</i> , that I last saw the deceased alive on <i>March 12, 1952</i> , and that death occurred at <i>833</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Jo Stauding</i>		23B. ADDRESS M. O. <i>3805 Belair Rd</i>	
23C. DATE SIGNED <i>3/17/52</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24B. DATE <i>3/18/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt Md</i>		25. FUNERAL DIRECTOR <i>29064</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>5305 Harding</i>		ADDRESS	

Dr. Harding
3805 Park St

320
52 2628
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2628

1. NAME OF DECEASED (Type or Print) JOSEPH A. GETZ.		2. DATE OF DEATH March 15 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3628 Beech Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3628 Beech Ave.		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician		10B. KIND OF BUSINESS OR INDUSTRY Glenn L. Martin AIRPLANE	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME John A. Getz		14. MOTHER'S MAIDEN NAME Margaret A. Joseph	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Anna T. Getz - 3628 Beech Ave	

18. **420.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Coronary Thrombosis
DUE TO (A) **1 hour**

ANTECEDENT CAUSES
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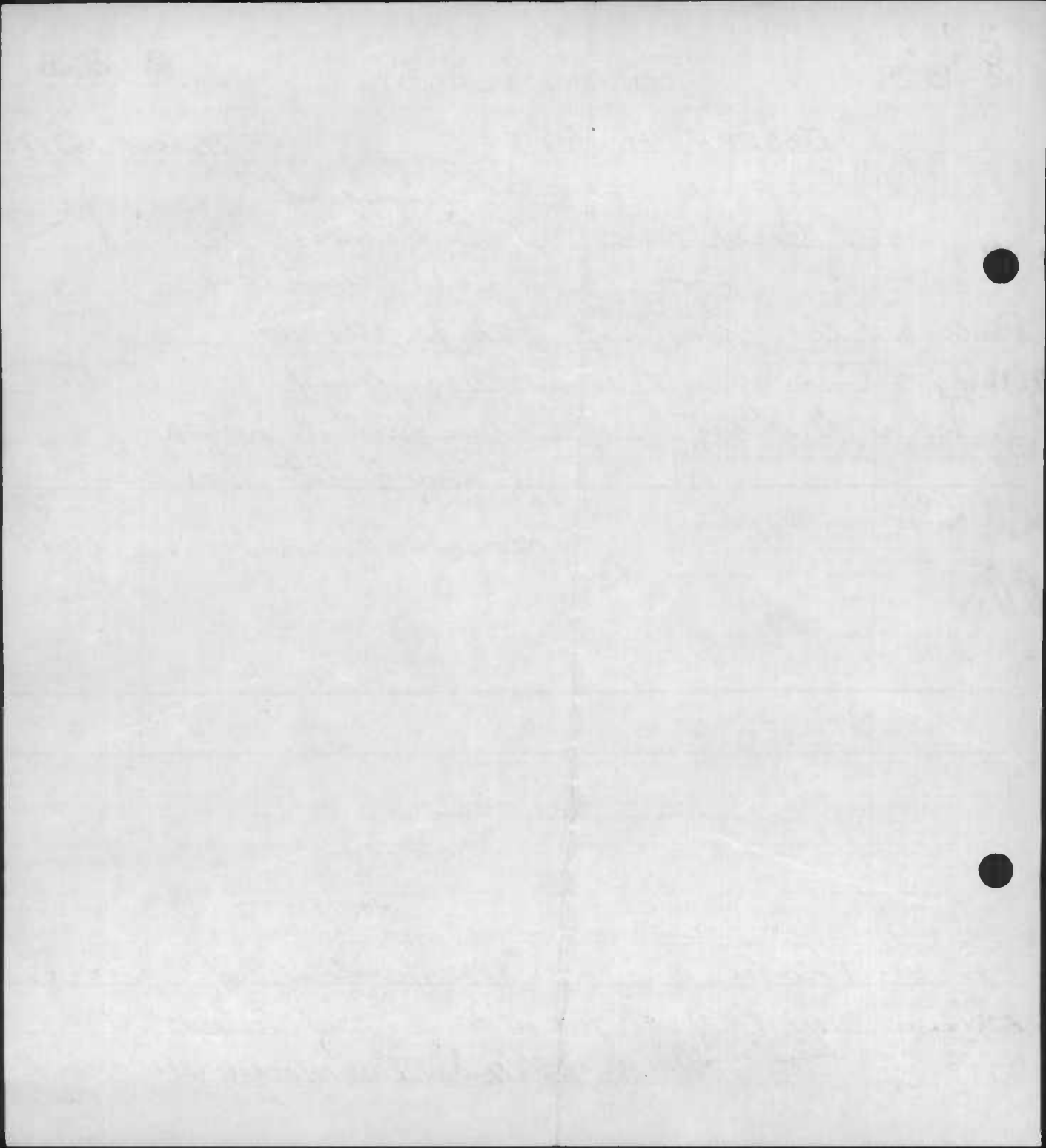
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1944 to 3-15-1952** that I last saw the deceased alive on **3-15, 1952** and that death occurred at **4:15 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE C. W. Peake	23B. ADDRESS 4508 Hanford Rd	23C. DATE SIGNED 3-15-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 18 1952	24C. NAME OF CEMETERY OR CREMATORY St. John's	24D. LOCATION (City, town, or county) (State) New Freedom Pa
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. J. Donovan	ADDRESS 3818 Roland Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2629**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE FOSTER GRAY			2. DATE OF DEATH Mar. 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 300 E. 29th St.			C. CITY OR TOWN (If outside corporate limits, write R.U.P. No. and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 300 E. 29th St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 2, 1869		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Foster			14. MOTHER'S MAIDEN NAME (?)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mr. A. J. Ellerbrock - 300 E. 29th St.		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Maemia		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerosis		5 yrs.
(A) DUE TO		
(B) DUE TO Smoking		
(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

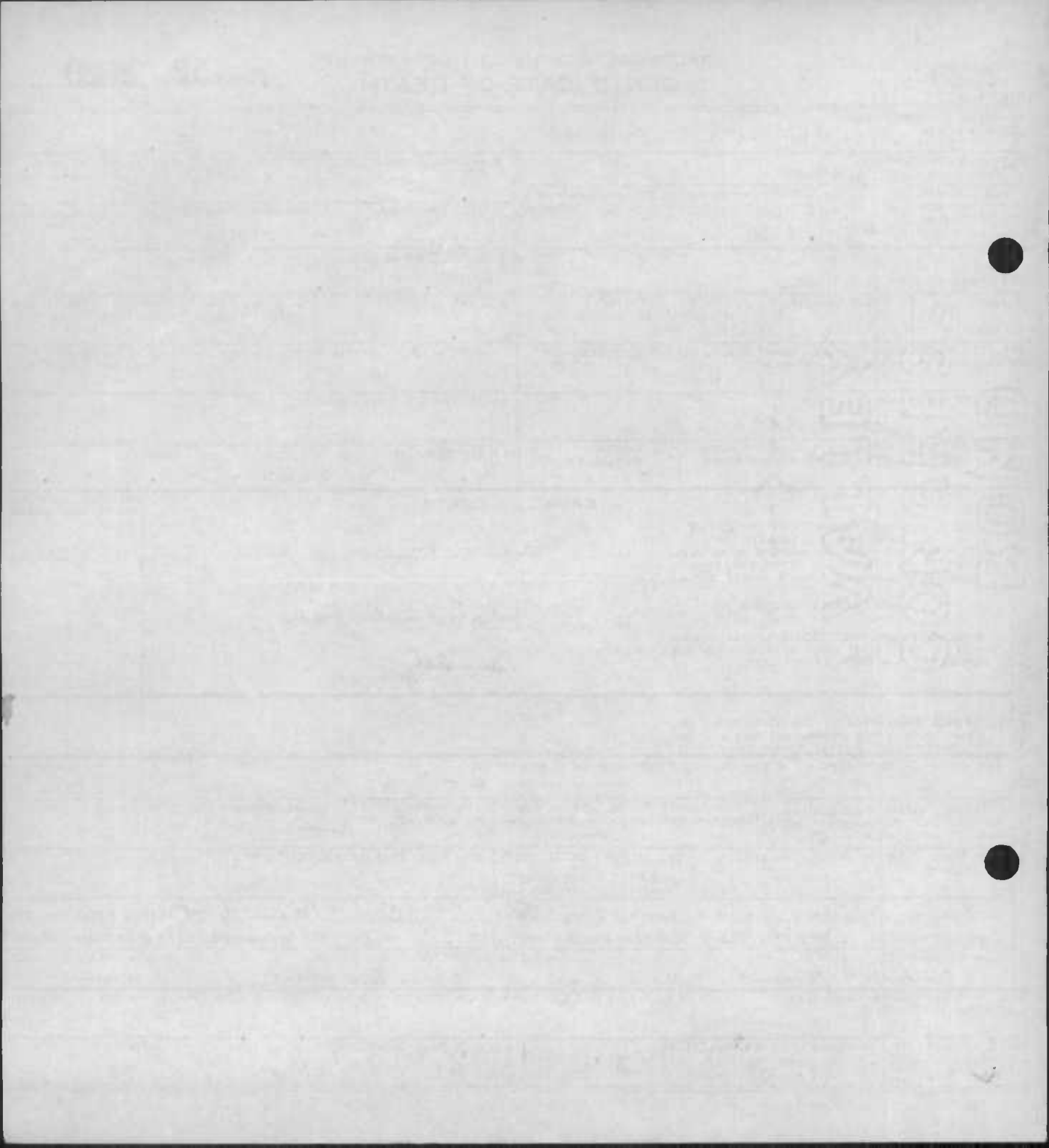
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH 0		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan**, 1950, to **March 16, 1952**, that I last saw the deceased alive on **March 16, 1952**, and that death occurred at **7:15** m., from the causes and on the date stated above.

23A. SIGNATURE Michael A. Adams M.D.		23B. ADDRESS 1820 Eutan place		23C. DATE SIGNED March 17-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
--	--	-----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Fickner & Sons		ADDRESS Balto. Md	
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300
52 2630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2630

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa
Johanna OTT

2. DATE
OF
DEATH

3-16-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp. of Md.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Md.

b. COUNTY

c. CITY OR TOWN

BALT.

d. STREET ADDRESS (If rural, give location)

4108 HAYWOOD AVE

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Joseph Cizek

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Clarence M. Ott - 4108 Hayward Ave.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-15, 1952 to 3-16, 1952, that I last saw the deceased alive on 3-16, 1952 and that death occurred at 1:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Margaret J. Brammer M. D.

23b. ADDRESS

Luth. Hosp. of Md.

23c. DATE SIGNED

3-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/20/52

24c. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24d. LOCATION (City, town, or county) (State)

Pikesville Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 17 1952

REGISTRAR'S SIGNATURE

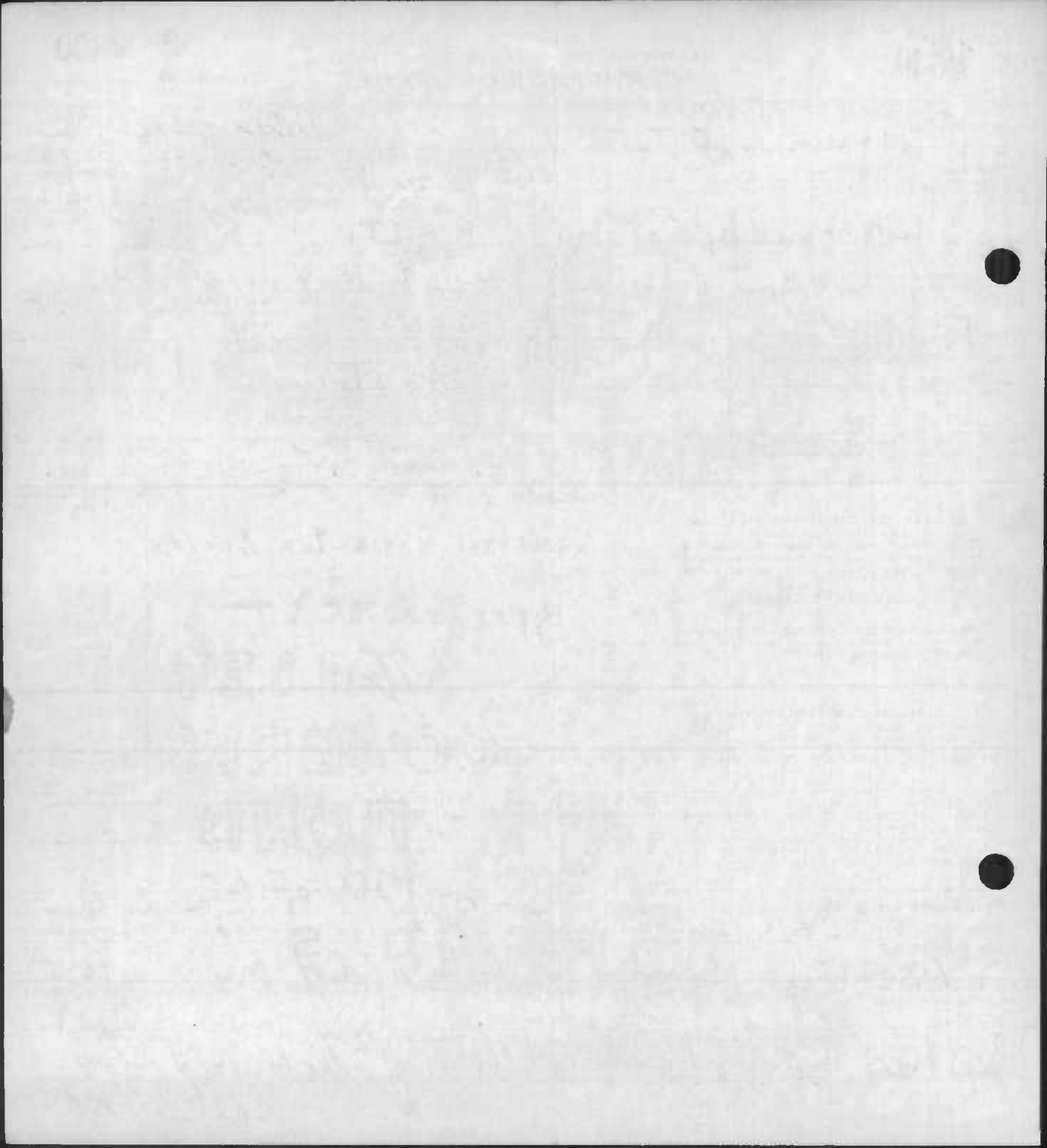
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickener & Sons

ADDRESS

Balto Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2631**

BIRTH NO. **49-01174**

1. NAME OF DECEASED
(Type or Print)

MARILYN B. WESSEL

2. DATE OF DEATH

March 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland ☒

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Josephs Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write U.R.A.T. and give township)

Baltimore 8-05

D. STREET ADDRESS (If rural, give location)

1634 Clifton Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

f.

6. COLOR OR RACE

wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

January 12, 1949

9. AGE (In years, last birthday)

3

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Wessel

14. MOTHER'S MAIDEN NAME

Lillian Ballinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Anna Wessel 3831 Lyndale Ave

18. **481X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Grippe

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Tracheitis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1949**, to **March 15, 1952**, that I last saw the deceased alive on **March 15, 1952**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Walter Monk

23B. ADDRESS

1109 N. Calvert St.

23C. DATE SIGNED

3/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/18/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

226 Park Ave 1217 St. Paul St.

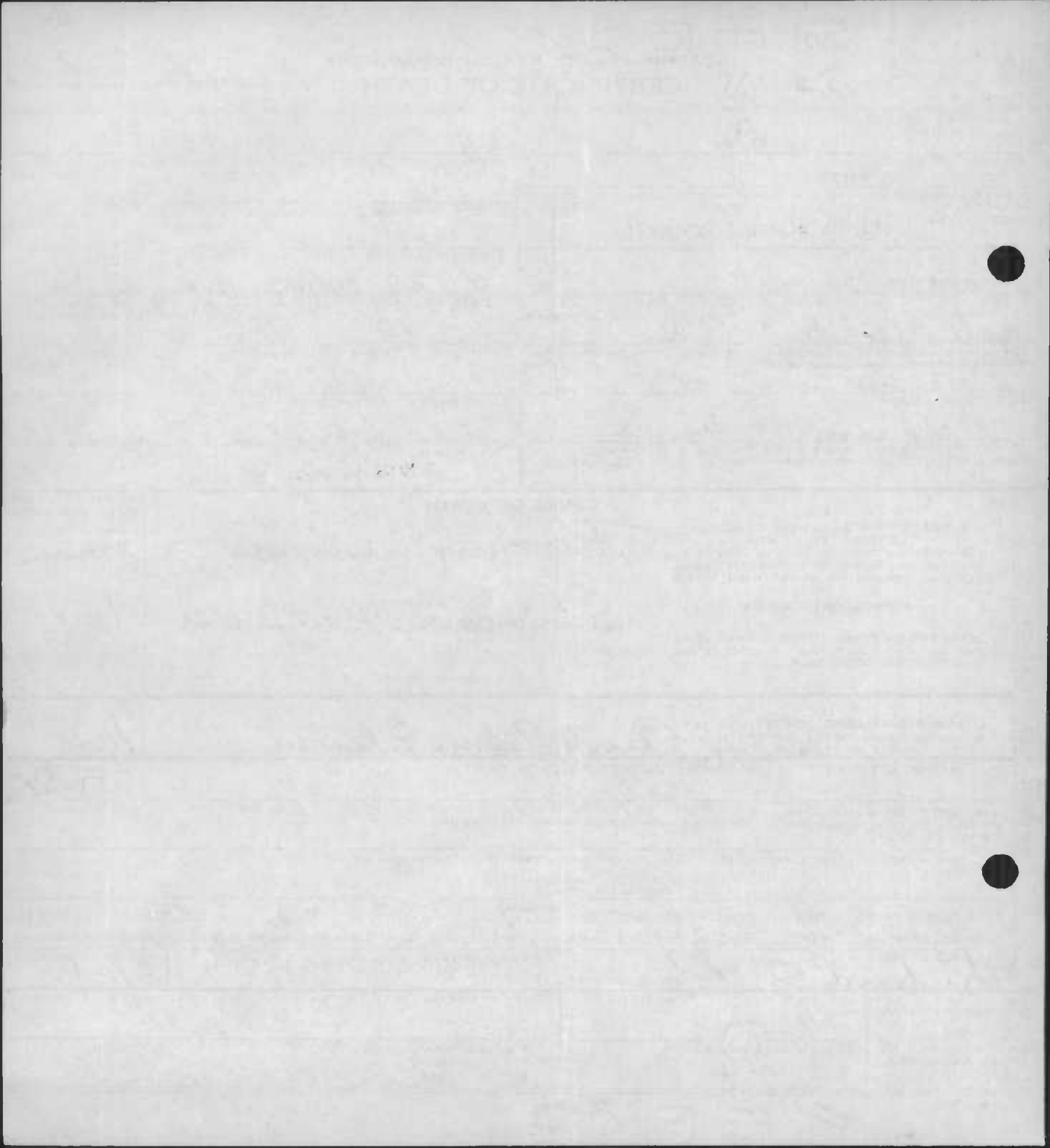
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52 2632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2632
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph J. Flynn</i>		2. DATE OF DEATH <i>MAR 16 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>5329 Maple Ave.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>7/28/70</i>	9. AGE (In years last birthday) <i>82</i>	10. Under 1 Year Months: <i>7</i> Days: <i>18</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Street Paver</i>		11. BIRTHPLACE (State or foreign country) <i>Scotland</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>William Flynn</i>			
14. MOTHER'S MAIDEN NAME <i>Larrah McShane</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Embolism</i>		CAUSE OF DEATH (A) <i>Pulmonary Embolism</i> DUE TO (B) <i>Arteriosclerotic Heart Disease</i> DUE TO (C) <i>Acute Pulm. Edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i> <i>7 mo</i> <i>1 wk</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-9-</i> , 1952, to <i>3-16-</i> , 1952, that I last saw the deceased alive on <i>3-16-</i> , 1952, and that death occurred at <i>130 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard S. Ross</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/19/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
24G. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i>		24H. ADDRESS <i>1217 St. Paul St.</i>		VS 150	

MEDICAL CERTIFICATION



BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

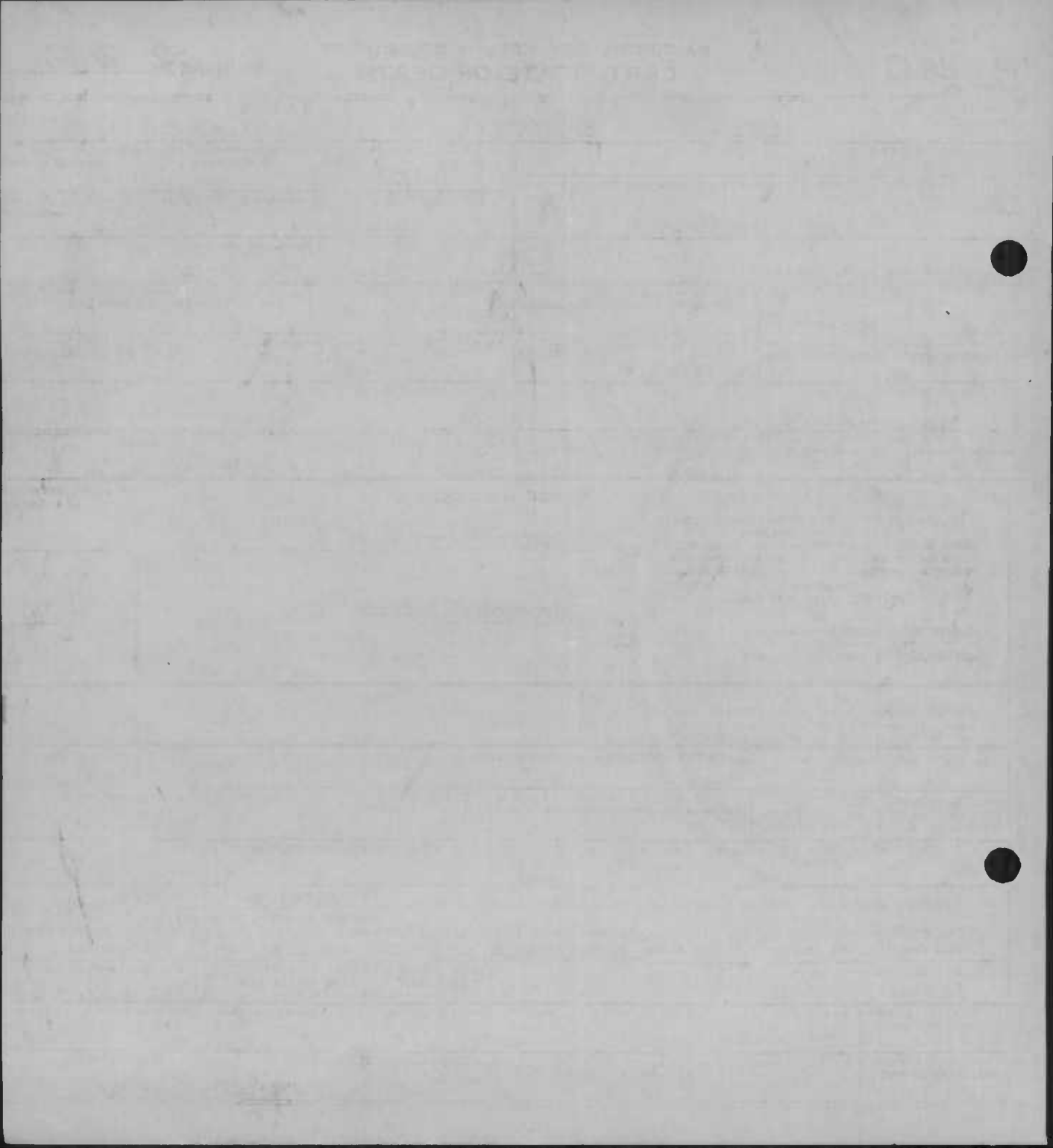
Registered No. 52 2633

1. NAME OF DECEASED (Type or Print)		LOUIS MC KEEVER		2. DATE OF DEATH March 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 12/1/1881		
9. AGE (In years last birthday) 70			10. Under 1 Year Months Days		
11. Under 24 Hours Hours Min.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Daniel McKeever			14. MOTHER'S MAIDEN NAME Mary Kerns		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 154-10-4198		
17. INFORMANT Anna McKeever			ADDRESS 3004 Brighton St		
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) Myocardial infarct Myocardial infarct (B) Aneurysm of the heart Aneurysm of the heart (C) INTERVAL BETWEEN ONSET AND DEATH					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Upwood		23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR		23C. DATE SIGNED March 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/18/52		24C. NAME OF CEMETERY OR CREMATORY Brantville Pa	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR		24H. ADDRESS 1217 St. Paul St.		24I. ADDRESS	

MEDICAL CERTIFICATION

V S 151

56424



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 2634

BIRTH NO. 50-21576

1. NAME OF DECEASED (Type or Print) <u>HARRY W. STEVENS (JR.)</u>			2. DATE OF DEATH <u>3.14.1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>26-31</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) <u>Balto.</u>		
Length of stay in Baltimore <u>17</u> — Yrs. <u>0</u> Mos. <u>0</u> Days			D. STREET ADDRESS (If rural, give location) <u>1142 Quantrel Way #5</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>10.8.1950</u>	9. AGE (In years last birthday) <u>1 1/2</u> (17)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
13. FATHER'S NAME <u>Harry Stevens (Sr.)</u>			14. MOTHER'S MAIDEN NAME <u>Pauline L. Kroner</u> ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Harry W. Stevens 1142 Quantrel Way</u>	

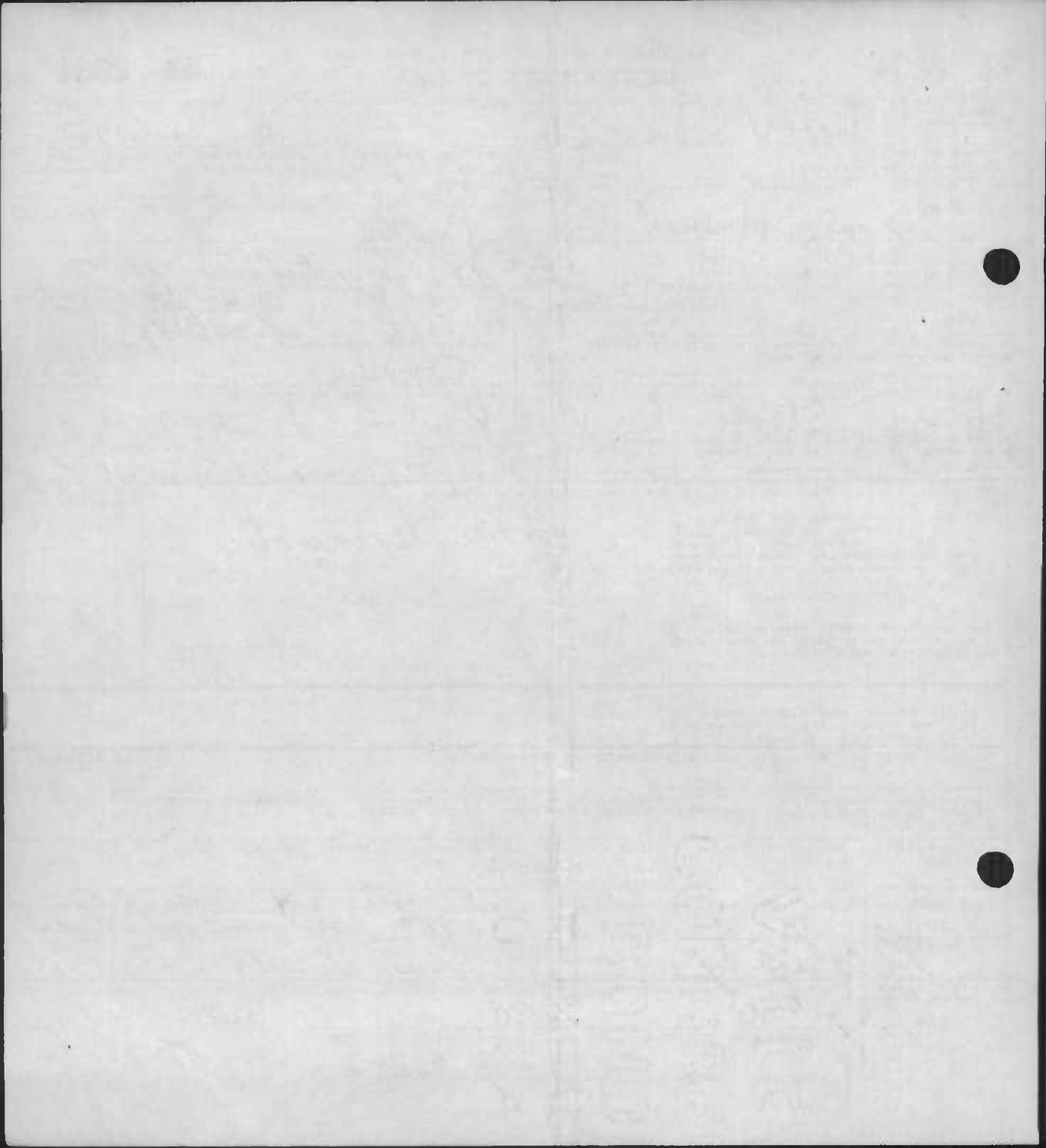
18. <u>010X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <u>I.P. Meningitis</u> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3.8, 1952 to 3.14, 1952, that I last saw the deceased alive on 3.14, 1952 and that death occurred at 4400 m., from the causes and on the date stated above.

23A. SIGNATURE <u>E. Chelminsky</u> M. D.	23B. ADDRESS <u>Sinai Hospital</u>	23C. DATE SIGNED <u>3.14.52</u>
---	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/17/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Balto</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>	25. FUNERAL DIRECTOR ADDRESS <u>Wm Cook Inc. 1217 St. Paul St.</u>



256
2635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2635
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles J. Eisenhower</i>			2. DATE OF DEATH <i>3/16/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1321 So. Carey St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-0</i>		
C. Length of stay in Baltimore <i>5</i> Yrs. Mon. Days			D. STREET ADDRESS (If rural, give location) <i>1321 So. Carey St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>8/14/1874</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Atlantic Freight Co</i>		
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Henry Eisenhower</i>			14. MOTHER'S MAIDEN NAME <i>Emma Isselman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs John Griffith Carey St.</i>			ADDRESS		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Uremia - (Benign Prostatic Hypertrophy)</i> DUE TO <i>Bumkid Catheter</i> (B) <i>Generalized aortic sclerosis</i> DUE TO <i>Coronary artery atherosclerosis</i> (C) <i>Right ventricular hypertrophy</i>	INTERVAL BETWEEN ONSET AND DEATH <i>7-10 days</i> <i>5-10 yr.</i> <i>7 yr.</i> <i>10-15 yr.</i> <i>3-5 yr.</i> <i>3-5 yr.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

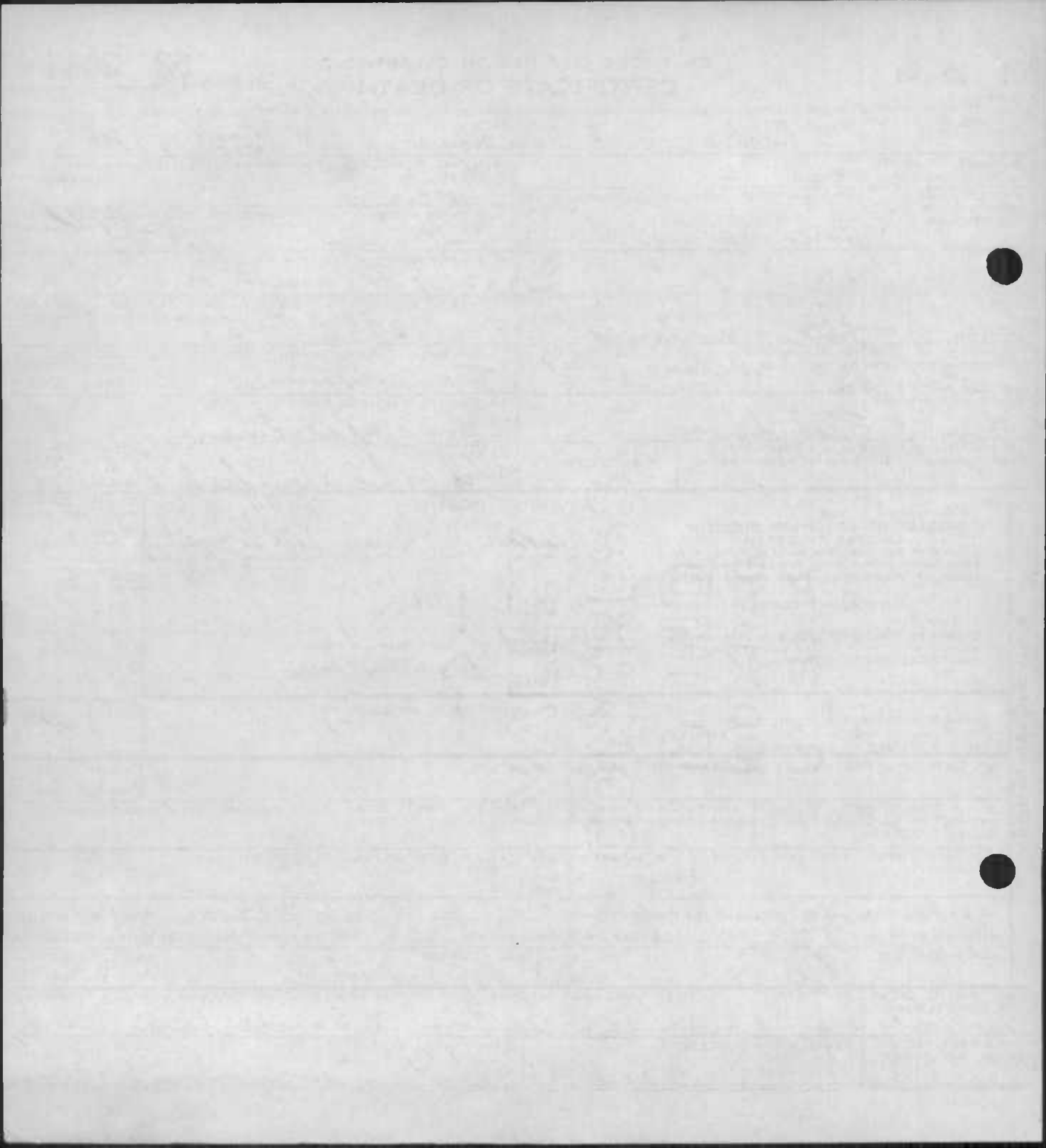
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-11-52*, 19__, to *3-16-52*, 19__, that I last saw the deceased alive on *3-16-52*, 19__, and that death occurred at *6:50 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *J. Dwyer* M. D. 23B. ADDRESS *642 War Pkts* 23C. DATE SIGNED *3-17-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/20/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hill Crest Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Cumberland Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>	ADDRESS <i>Hollins</i>

MEDICAL CERTIFICATION



160
2636BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2636

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		3/16/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1612 Vincent Court		MARYLAND	
C. CITY OR TOWN BALTIMORE		1501	
D. STREET ADDRESS (If rural, give location) 1612 VINCENT COURT, APT. 41			
c. Length of stay in Baltimore 37 YRS.		8. DATE OF BIRTH 9/4/1876	
5. SEX M		9. AGE (In years last birthday) 75	
6. COLOR OR RACE C		If Under 1 Year Months: Days	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		11. BIRTHPLACE (State or foreign country) KING GEORGE COUNTY, VA.	
10B. KIND OF BUSINESS OR INDUSTRY BETHELHEM STEEL		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY COOPER		14. MOTHER'S MAIDEN NAME MARY COOK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 216-09-5410	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NONE		17. INFORMANT LILIA G. COOPER	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Remind Broncho-Pneumonia DUE TO Hypertensive Heart Disease DUE TO Generalized Arteriosclerosis DUE TO Senility		INTERVAL BETWEEN ONSET AND DEATH 4 days 3 mos.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Senility			
19A. DATE OF OPERATION 3/19/52		19B. MAJOR FINDINGS OF OPERATION ✓	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) INJURY		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1, 1951, to March 16, 1952, that I last saw the deceased alive on 3/16/1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE J. B. Higgins		23B. ADDRESS 2243 Madison Ave. Balt. 17, Md.	
23C. DATE SIGNED 3-17-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/19/52	
24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY		24D. LOCATION (City, town, or county) BALTO. AND.	
25. FUNERAL DIRECTOR CHAS. G. COOPER		ADDRESS 512 CARROLLTON AVE	

WALL
CONCRE
BOND
WHISTAC

2637
400
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2637
Registered No.

1. NAME OF DECEASED (Type or Print) MAMIE FRINK PAUL			2. DATE OF DEATH March 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 689 Vine Street		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 14, 1930	9. AGE (in years last birthday) 21	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			11. BIRTHPLACE (State or foreign country) Balto. Md.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME STEVEN BROWN		
14. MOTHER'S MAIDEN NAME Lucille Ager			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT Lucille Ager W. Franklin		
ADDRESS 730 1/2					

18. **E982X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Internal hemorrhage
DUE TO **stab wound of chest**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☒ NO ☐

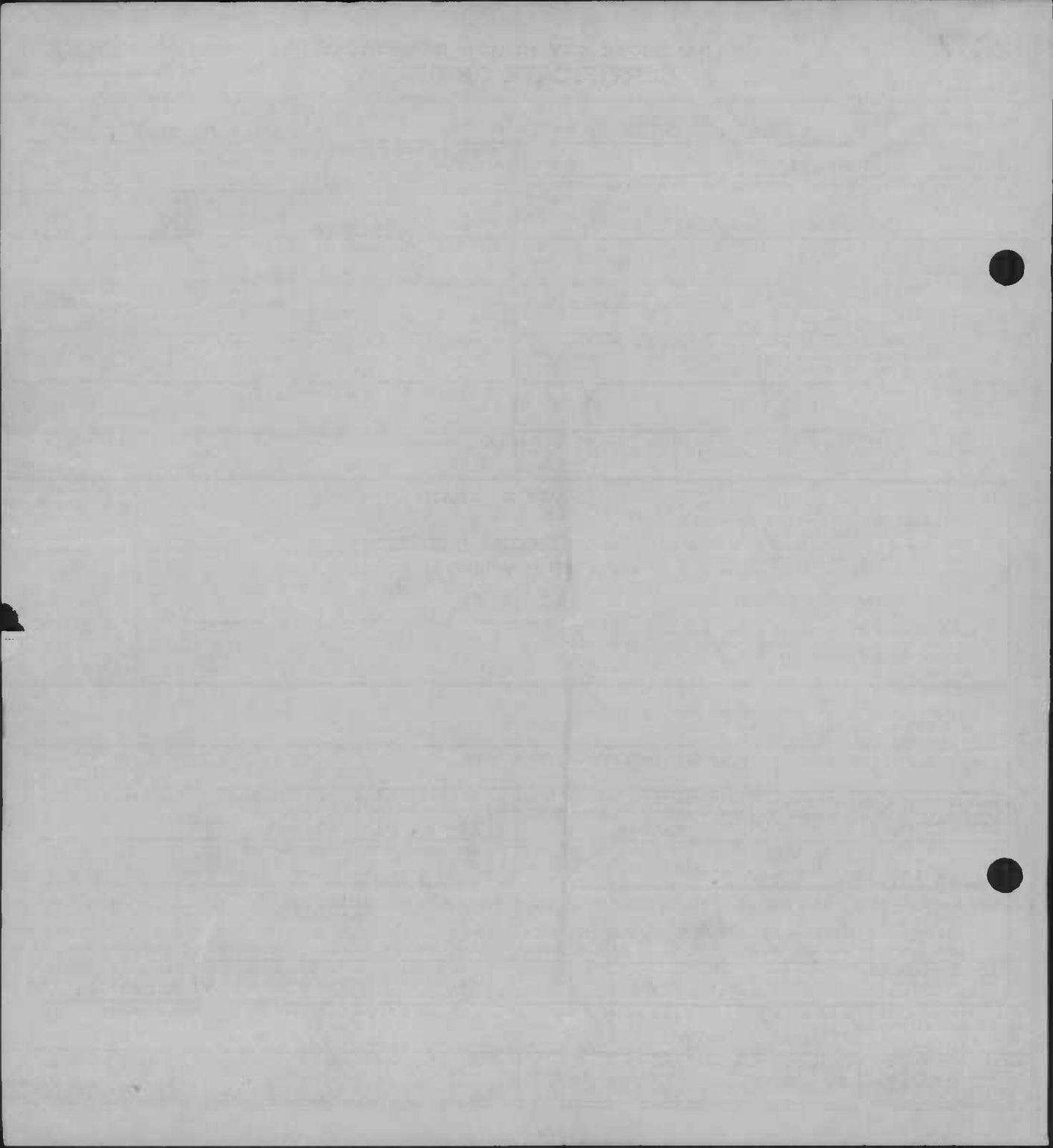
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) tavern	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 119 N. Pine Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 13, 1952 10:48 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Sharp instrument

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, **undetermined** ☒.

23A. SIGNATURE Stanley S. Dunbar M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED March 14, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 18, 1952	24C. NAME OF CEMETERY OR CREMATORY W. T. Ashburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	------------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs. Kate Williams	ADDRESS 322 N. Schroeder St.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2638

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stuart Fox Freeman

2. DATE
OF
DEATH

3-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

C. CITY OR TOWN

Baltimore White Hall

D. STREET ADDRESS (If rural, give location)

Troyer Rd.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug. 19, 1868

9. AGE (In years,
last birthday)

63

If Under 1 Year
Months: Days:

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Funeral Sales

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Ignace, Mich

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mr. Walter Freeman D

14. MOTHER'S MAIDEN NAME

Ada Fox D

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Mamina Freeman

ADDRESS

INTERVAL BETWEEN
ONSET AND DEATH

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart
Disease

DUE TO

(C)

1 day

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-52, 19, to 3-16-52, 19, that I last saw the
deceased alive on 3-15-52, 19, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-18-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc.-1900 Eutaw Pla.

MAR 17 1952

VS 150

4906P

MEDICAL CERTIFICATION



CORRECTED 3/27/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 2639

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Louise Blevins

2. DATE

OF

DEATH 3-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Belair

D. STREET ADDRESS (If rural, give location)

Rt. # 1, Belair, Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 15, 1942

9. AGE (In years last birthday)

9½

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Louis Blevins

14. MOTHER'S MAIDEN NAME

Lena Flanagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records-Baltimore City Hospitals
4940 Eastern Avenue

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Meningococcal meningitis

(A) Questionable Brain Abscess with
Meningitis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH(over)
4 weeks?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1952, to 3-16, 1952, that I last saw the deceased alive on 3-16, 1952, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

3-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Mar. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bessley Cemetery

24D. LOCATION (City, town, or county) (State)

Hillsville, Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1952

Huntington Williams, Jr.

Joseph Foster

Bel Air

Md.

r. Dr. Leverton, Baltimore City Hospitals
spoke to Dr. Rettaliata, Bureau of
Communicable Diseases, B C H D
re diagnosis, by phone 3/27/52

ES

Dr. Ret. called to

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2640

BIRTH NO. 2640

1. NAME OF DECEASED (Type or Print) Raymond L. Kircher		2. DATE OF DEATH 3/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1023 Wilnot Court		C. CITY OR TOWN (If outside corporate limits, write SUR. and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1023 Wilnot Court		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired helper		10B. KIND OF BUSINESS OR INDUSTRY Meyer & Thaler	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Kircher		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Bertha Kircher		ADDRESS 1023 Wilnot Court	

18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Degeneration		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO Chronic Bronchitis		
(B) Arteriosclerosis		
DUE TO Brachial Artery		?
DUE TO		?
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/8</u> , 19 <u>52</u> , to <u>3/15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/8</u> , 19 <u>52</u> , and that death occurred at <u>3:05</u> A.M., from the causes and on the date stated above.					
23A. SIGNATURE Frank Kircher		23B. ADDRESS 2823 E. Waverly St.		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 18/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		25. FUNERAL DIRECTOR Huntington Williams			
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		ADDRESS 4101 Edmondson Ave.			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2641**

BIRTH NO. **50-06457**

1. NAME OF DECEASED (Type or Print) Wm. E. Kolar Jr.			2. DATE OF DEATH 3/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 400 N. Madeira St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 6-03		
D. STREET ADDRESS (If rural, give location) 400 N. Madeira St.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Mar. 24-1950		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
13. FATHER'S NAME Wm. E. J. Kolar			14. MOTHER'S MAIDEN NAME Anna Borkowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wm. E. J. Kolar 400 N. Madeira St.		

18. 492x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Virus Infectious DUE TO Virus Poliomyelitis (B) Paralytic due to DUE TO dread poliomyelitis (C)	INTERVAL BETWEEN ONSET AND DEATH 1 wk
---	---	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-10-52** to **3-16-52**, that I last saw the deceased alive on **3-19-52**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **R. Red [Signature]** M. D. 23B. ADDRESS **400 N. [Address]** 23C. DATE SIGNED **3-17-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 19-52	24C. NAME OF CEMETERY OR CREMATORY Ed Hill Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS John H. Miller 2334 Jefferson St.

514
52 2642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2642
Registered No.

1. NAME OF DECEASED (Type or Print) Hattie Campbell		2. DATE OF DEATH March 15-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland 2410 Brentwood Ave		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MD. b. COUNTY 12-25	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 2410 Brentwood Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-25-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 74
13. FATHER'S NAME Charles Driver		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rebecca Driver	
17. INFORMANT		ADDRESS	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis	CAUSE OF DEATH (A) Chronic Myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH History Indefinite
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 2, 1917**, to **Mar. 15, 1952**, that I last saw the deceased alive on **Mar. 14, 1952**, and that death occurred at **4 46** m., from the causes and on the date stated above.

23a. SIGNATURE **Dr. Garland Chiswell** M. D. 23b. ADDRESS **1534 Druid Hill Ave** 23c. DATE SIGNED **Mar. 19, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-52	24c. NAME OF CEMETERY OR CREMATORY Arbutus	24d. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph L. Russ ADDRESS 1200 McCulloch

MEDICAL CERTIFICATION

5-16-75

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7175

5-17-75

1142 37.44 1140

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1142 37.44 1140

1142 37.44 1140



52 2643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2643

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Luther

Mayo

2. DATE
OF
DEATH

MAR 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Md.
Baltimore

D. STREET ADDRESS (If rural, give location)

3207 Tate St.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widower

8. DATE OF BIRTH

7-4-91

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days

4

11. Under 24 Hours
Hours: Min.

?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

factory

10B. KIND OF BUSINESS OR
INDUSTRY

Suburban

13. FATHER'S NAME

Thomas Mayo

14. MOTHER'S MAIDEN NAME

Jasmine McNeil

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Primary carcinoma of liver

INTERVAL BETWEEN
ONSET AND DEATH

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Had unrelated carcinoma of prostate

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

none

19A. DATE OF OPERATION

2-29-52

19B. MAJOR FINDINGS OF OPERATION

Primary carcinoma of liver & Portal obstruction

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-1951, to 3-14-1952 that I last saw the
deceased alive on 3-14-1952, and that death occurred at 730 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Hopkins

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Carbon Cemetery, Baltimore Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edwin J. Williams

ADDRESS

1525 11th E. Elderly

VS 150

970 44

MEDICAL CERTIFICATION

1796 50

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52 2644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2644

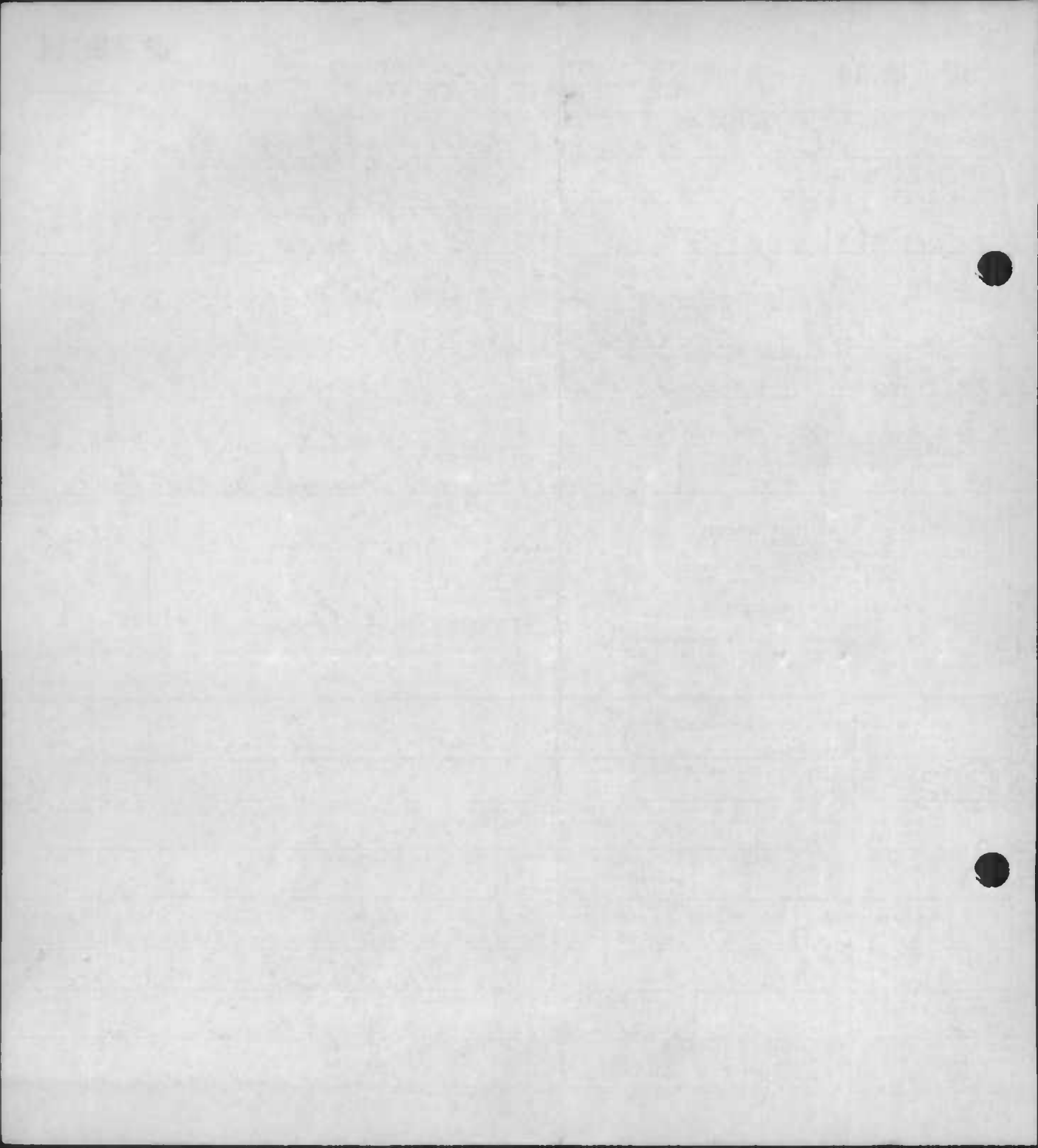
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>CHRISTOPHER P</i> CHRISTIAN HERDINAND MESMERINGER		2. DATE OF DEATH MARCH 16, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MARYLAND b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION 2131 McHENRY ST.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05	
c. Length of stay in Baltimore 57 Yrs.		d. STREET ADDRESS (If rural, give location) 2131 McHENRY ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 17, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINEST		10b. KIND OF BUSINESS OR INDUSTRY MACHINE REPAIRS	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CASPER MESMERINGER		14. MOTHER'S MAIDEN NAME ELIZABETH TUMLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 215-10-9068	
17. INFORMANT MARGARET MESMERINGER		ADDRESS 2131 McHENRY ST.	
18. 492X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Virus Pneumonia DUE TO Virus Infectious DUE TO Pulmonary Oedema		INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 3-10- , 1952 to 3-16- , 1952 that I last saw the deceased alive on 3/15 , 1952, and that death occurred at 5:45 AM. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Hester K. Retch</i>		23b. ADDRESS 2151 W. McKim Ave.	
23c. DATE SIGNED 3-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-19-52	24c. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	24d. LOCATION (City, town, or county) (State) BALTIMORE, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		REGISTRAR'S SIGNATURE <i>Huntington Watkins</i>	
25. FUNERAL DIRECTOR Geo. L. Schwab		ADDRESS 2101 FREDERICK AVE.	

54484

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2645**

532
BIRTH NO. **2 2645**

1. NAME OF DECEASED (Type or Print) MARYANNA J. LENTZ		2. DATE OF DEATH March 15 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 306 S. Chester Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 67 Years		D. STREET ADDRESS (If rural, give location) 306 S. Chester Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 1 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 79
13. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) Poland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Magan		17. INFORMANT Helix Lentz ADDRESS 2041 Hough Street	
16. SOCIAL SECURITY NO.		17. ADDRESS	

18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency DUE TO General Debility. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 3 days. 42 yrs.
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 , 19__, to 1950 , 19__, that I last saw the deceased alive on Jan. 19 1950 , and that death occurred at 11:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John P. Szczeploski M.D.		23B. ADDRESS 1862 Eastern Ave.		23C. DATE SIGNED 3-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 18/52		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cems	
24D. LOCATION (City, town, or county) Balta. County		24E. STATE Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952	
24G. REGISTRAR'S SIGNATURE Huntington Williams		24H. FUNERAL DIRECTOR W. J. Johns		24I. ADDRESS 401 S. Chester Street	

MEDICAL CERTIFICATION

U.S.S.

NAVY DEPARTMENT
WASHINGTON, D.C.

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2 20
2 2646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2646

1. NAME OF DECEASED (Type or Print) Mary Ware Isaac			2. DATE OF DEATH March-16-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Linkwood Road			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (at home) Tuscany Apartments			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
C. Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) Linkwood Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan-7-1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Baltimore Co., Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME William Moore Isaac		
14. MOTHER'S MAIDEN NAME Eleanor P. Phillips			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT Mr. Edward M. Passano (nephew)		
18. ADDRESS Lockwood Rd.			19. ADDRESS		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior subarachnoid hemorrhage		CAUSE OF DEATH (A) Anterior subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Summary of typical pneumonia 4 weeks		(B) Summary of typical pneumonia		4 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1940 to March 16, 1952 , that I last saw the deceased alive on 3/15 , 19 52 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Edith B. Morgan		23B. ADDRESS 11-E-2nd St. Baltimore		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March-18-1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
24D. LOCATION (City, town, or county) Pikesville, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Stewart & Mowen Co.		24H. ADDRESS 108 W. North Avenue,		24I. CITY #1.	

UNITED STATES DEPARTMENT OF THE INTERIOR

WATER RESOURCES DIVISION
NATIONAL WATER RESEARCH INSTITUTE
WASHINGTON, D. C. 20242

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2647

BIRTH NO. <u>536</u> <u>2 2647</u>		1. NAME OF DECEASED (Type or Print) <u>Georgia E. Hendricks</u>		2. DATE OF DEATH <u>3/16/52</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>234 N. Eutaw Street</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>234 N. Eutaw Street</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	B. DATE OF BIRTH <u>1886</u>	9. AGE (In years last birthday) <u>65</u>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Needle Fur Company</u>		11. BIRTHPLACE (State or foreign country) <u>Nelson Co. Virginia</u>	
13. FATHER'S NAME <u>Charles S. Hendricks</u>		14. MOTHER'S MAIDEN NAME <u>Annie (unknown)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>226-30-6452</u>		17. INFORMANT ADDRESS <u>Charles T. Hendricks 896 W. Lombard St.</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary occlusion</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive cardio vascular dis</u> <u>Generalized arterio sclerosis</u>		(A) DUE TO _____ (B) DUE TO _____ (C) _____		<u>5 + yrs?</u> <u>10 yrs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) INJURY <u>none</u>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10 / 4, 1951</u> to <u>3 / 16, 1952</u> that I last saw the deceased alive on <u>3 / 14, 1952</u> and that death occurred at <u>2 P m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Maurice Feldman</u>		23B. ADDRESS <u>The Zetrobe, Charles St</u>		23C. DATE SIGNED <u>3/17/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>Mar. 17, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>White Rock Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Lynchburg, Virginia</u>		25. FUNERAL DIRECTOR ADDRESS <u>William Cook, Inc. 1217 St. Paul Street</u>			

MEDICAL CERTIFICATION

520

52 2648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2648

1. NAME OF DECEASED
(Type or Print)

Florence HANKE

2. DATE
OF
DEATH

3-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Seneca

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-8-1921

9. AGE (in years last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adolph Scherr

14. MOTHER'S MAIDEN NAME

Beckha

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Hanke - Home

18. 175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anemia due to chronic hemorrhage 14 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinomatous, abdominal 6 mos

(C) Carcinoma of the ovary 6 mos.

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-10-52

19B. MAJOR FINDINGS OF OPERATION

Carcinomatous

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10-52 19, to 3-16, 1952, that I last saw the deceased alive on 3-16, 1952, and that death occurred at 4:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

James Conner M. D.

23B. ADDRESS

Seneca Hwy.

23C. DATE SIGNED

3-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-18-52

24C. NAME OF CEMETERY OR CREMATORY

Rose Dale

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

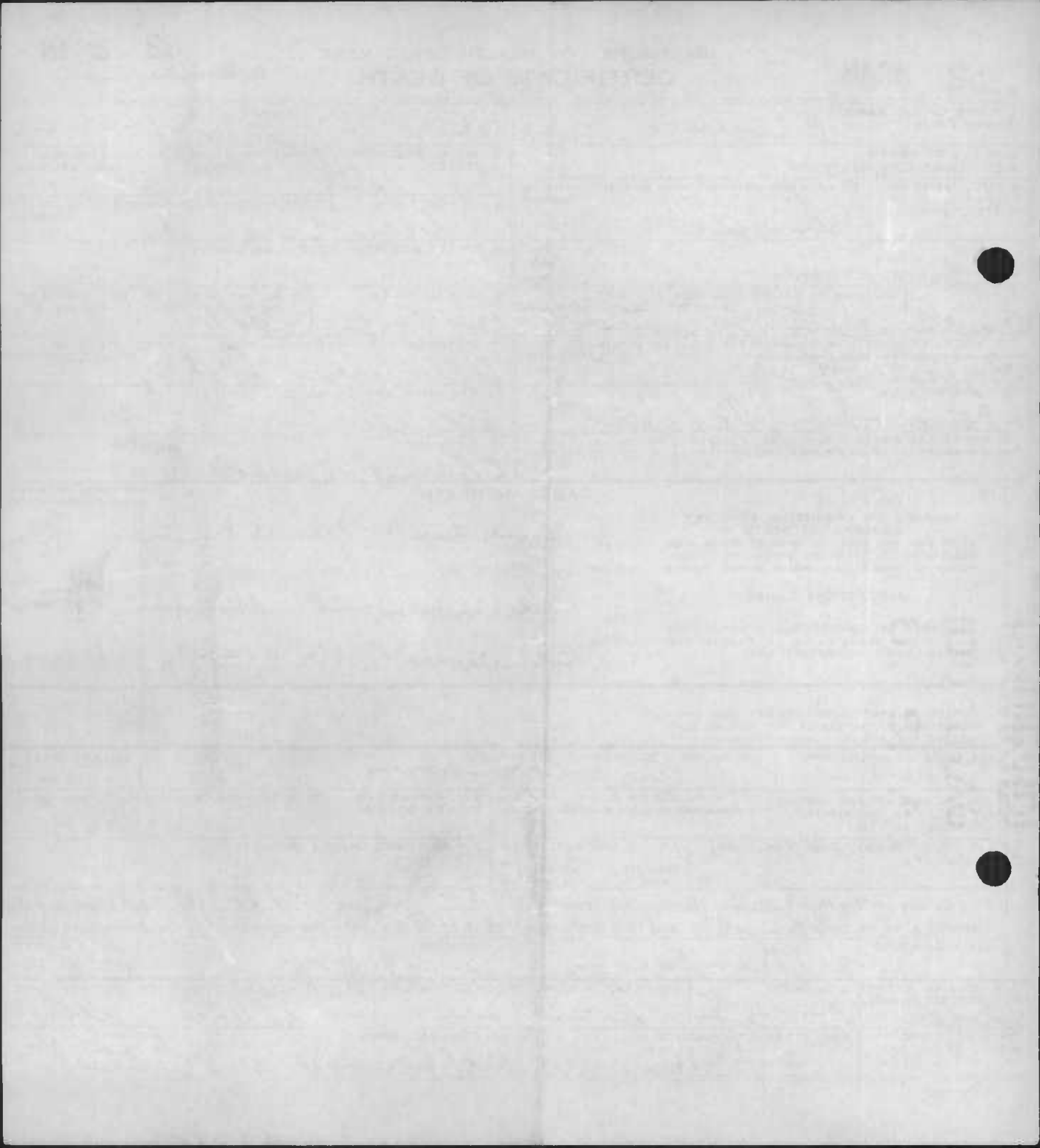
REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Lee Henshaw 2100 Canton Rd



621

52 2649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2649

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH ROSE BERNOFF

2. DATE
OF
DEATH

3-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3704 Ferndale Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

48

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-41

D. STREET ADDRESS (If rural, give location)

3704 Ferndale Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

house wife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Isaac

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

B. DATE OF BIRTH

9. AGE (in years last birthday)

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

62

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Fruma

17. INFORMANT

ADDRESS

Jacob Bornstein - David

1B. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

Hypertensive Cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from July 1948, to March 1952, that I last saw the deceased alive on 3/16, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

23A. SIGNATURE

N. E. Keale M. D.

23B. ADDRESS

314 - 27 North Ave

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

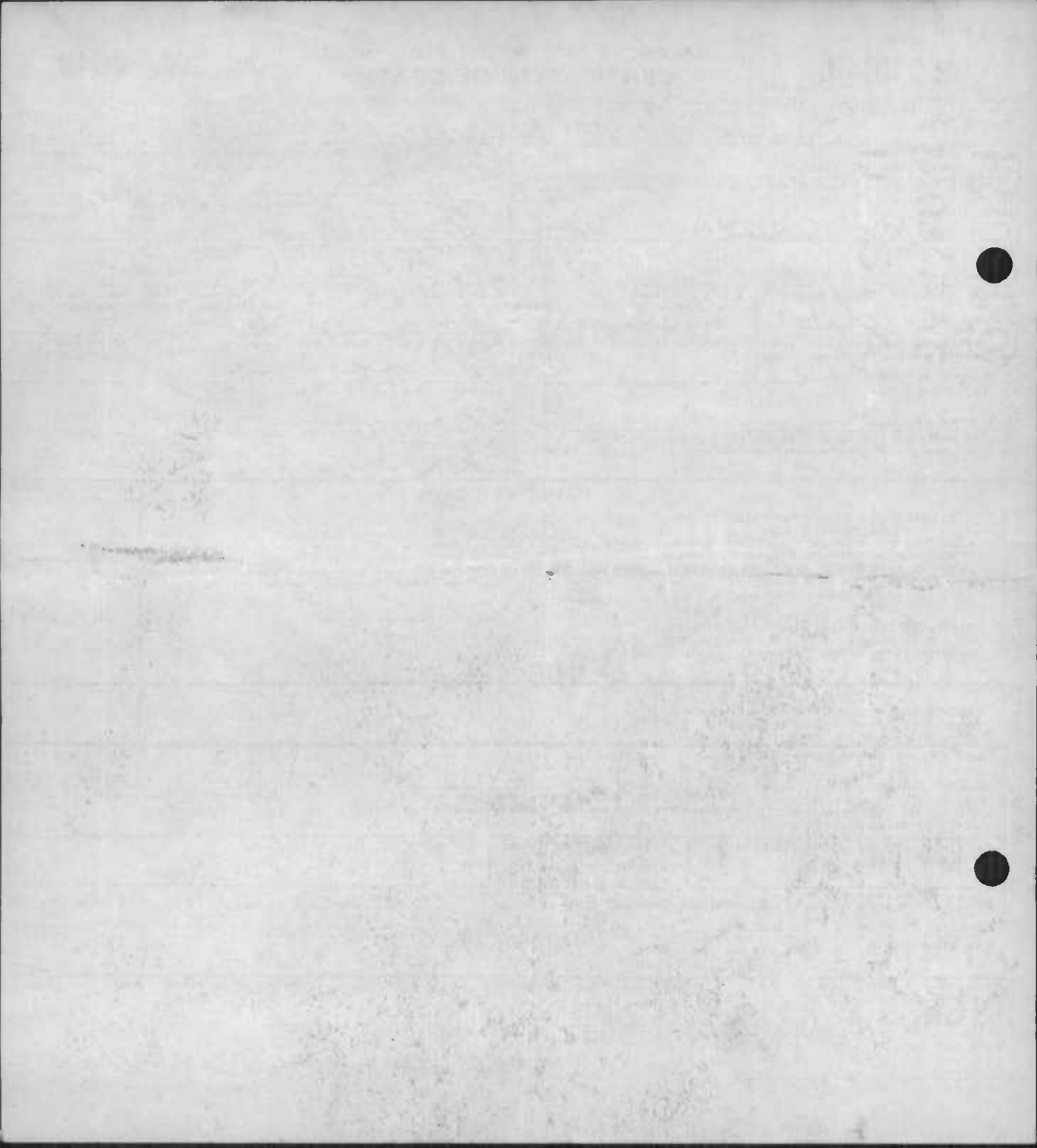
MAR 18 1952

Huntington Williams

2100 Eutan Pl

VS 150

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 12-23-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2650

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James B. Boyle

2. DATE
OF
DEATH

3/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-01

D. STREET ADDRESS (If rural, give location)

901 ST. PAUL ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/28/88

9. AGE (in years, last birthday)

63

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

U.S.A.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF

USA

13. FATHER'S NAME

John Boyle

14. MOTHER'S MAIDEN NAME

Annie Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES Retired WWI

16. SOCIAL SECURITY NO.

✓

17. INFORMANT

Mrs Mary Richards

ADDRESS

5500 MERVILLE RD

18.

581.0 I

CAUSE OF DEATH

15

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bleeding Esoph. Varices

72 Hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cirrhosis of Liver

5 yrs (?)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/15, 1952, to 3/17, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond L. Cummings

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 20/52

24C. NAME OF CEMETERY OR CREMATORY

Arlington National

24D. LOCATION (City, town, or county) (State)

Arlington Va

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1952

REGISTRAR'S SIGNATURE

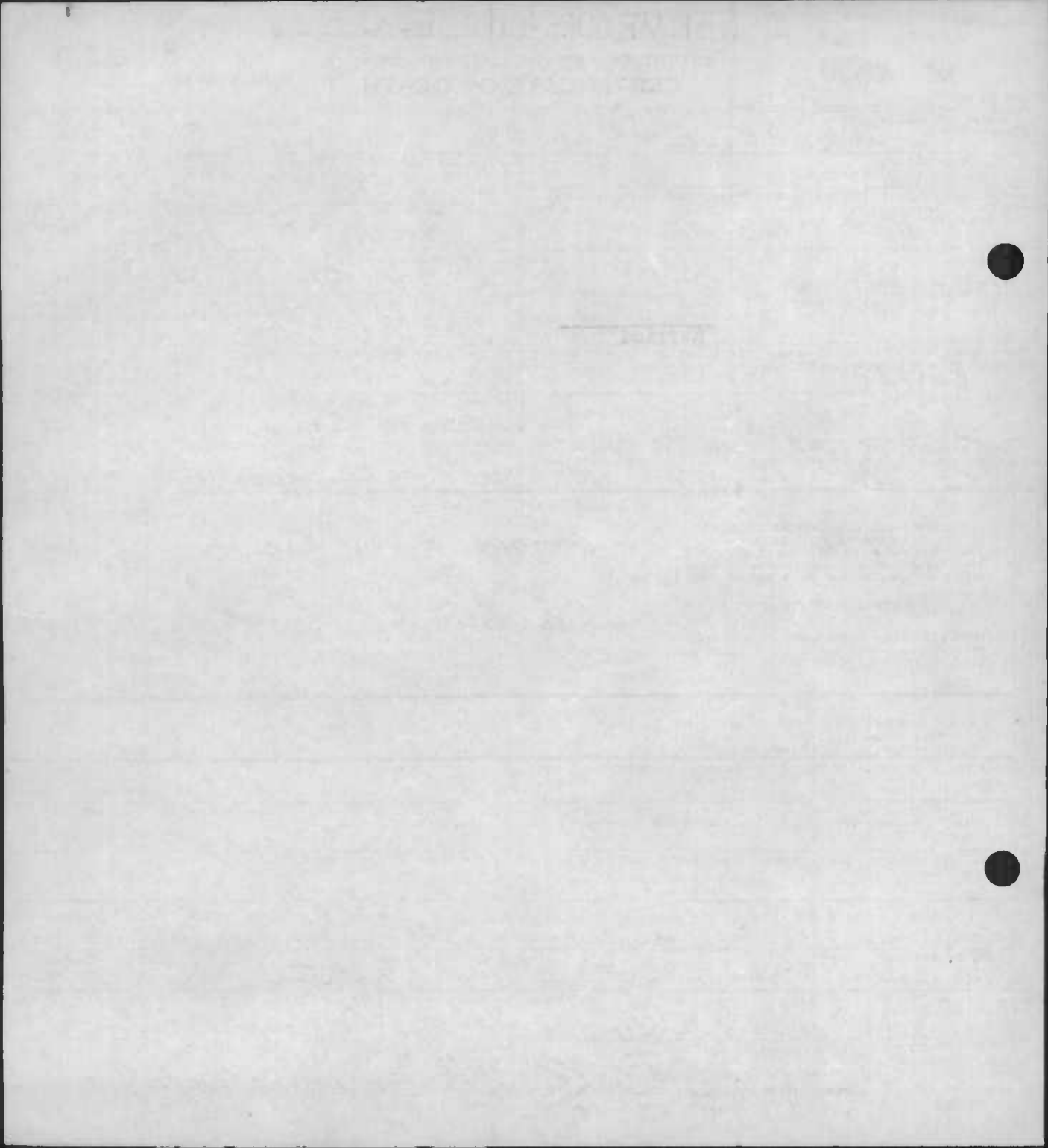
Huntington Williams

25. FUNERAL DIRECTOR

H. H. Jenkins & Sons Co

ADDRESS

49 N York Rd.



635
52 2651

52 2651

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) CHARLES W. WHORTON		2. DATE OF DEATH Mar. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3703 Delverne Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-03			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3703 Delverne Road			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1895		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Leather goods		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Charles E. Whorton		14. MOTHER'S MAIDEN NAME Ann Wedderburn		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 084-10-1621		17. INFORMANT ADDRESS 3703 Delverne Road Mrs. Ethel P. Whorton	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I		CAUSE OF DEATH (A) Coronary insufficiency DUE TO (B) Arteriosclerotic heart disease DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH sudden 5 yrs	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/21 , 19 50 , to 3/17 , 19 52 , that I last saw the deceased alive on 3/6 , 19 52 , and that death occurred at 4 A. M. from the causes and on the date stated above.					
23A. SIGNATURE C. Edward Leach		23B. ADDRESS 14 C. Edgar St.		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/20/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDERSON, INC. BALTO., 13, MD.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952		REGISTRAR'S SIGNATURE Huntington		ADDRESS 4906 U	

MEDICAL CERTIFICATION

1005-5

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1915

PLANT INDUSTRY, BUREAU OF, DEPARTMENT OF AGRICULTURE

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PLANT INDUSTRY, BUREAU OF, DEPARTMENT OF AGRICULTURE

-200

52 2652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2652
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>Weiss, Louise</u>			2. DATE OF DEATH <u>March 15, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Towson #4</u>		
B. FULL NAME OF HOSPITAL OR OTHER INSTITUTION <u>St. Joseph's</u>			D. STREET ADDRESS (If rural, give location) <u>617 Lake Drive</u>			C. LENGTH OF STAY IN BALTIMORE <u>Life</u> Yrs. <u>Life</u> Mos. <u>Life</u> Days <u>Life</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 21, 1895</u>		9. AGE (In years last birthday) <u>56</u>		If Under 1 Year: Months <u> </u> Days <u> </u> If Under 24 Hours: Hours <u> </u> Min. <u> </u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Daniel Sommermann</u>			14. MOTHER'S MAIDEN NAME <u>Fillimina Bachman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT <u>George M. Weiss</u> ADDRESS <u>617 Lake Drive</u> <u>4</u>		

18. 584X CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Acute pancreatic necrosis
DUE TO Post-operative complication of biliary surgery

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pancholektomy.

19A. DATE OF OPERATION <u>March 12, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Fibroid uterus Gall stones</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 9, 1952, to March 15, 1952 that I last saw the deceased alive on March 15, 1952 and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE H. Joseph Krejci M. D. 1100 N. Caroline St. 23B. ADDRESS March 15, 1952 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>3/18/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cemetery Baltimore, Md.</u>		24D. LOCATION (City, town, or county) (State) <u>BALTO., MD.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 18 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>HENRY SANDER & SONS, INC.</u>		ADDRESS <u>BALTO., MD.</u>	

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

State of _____

425

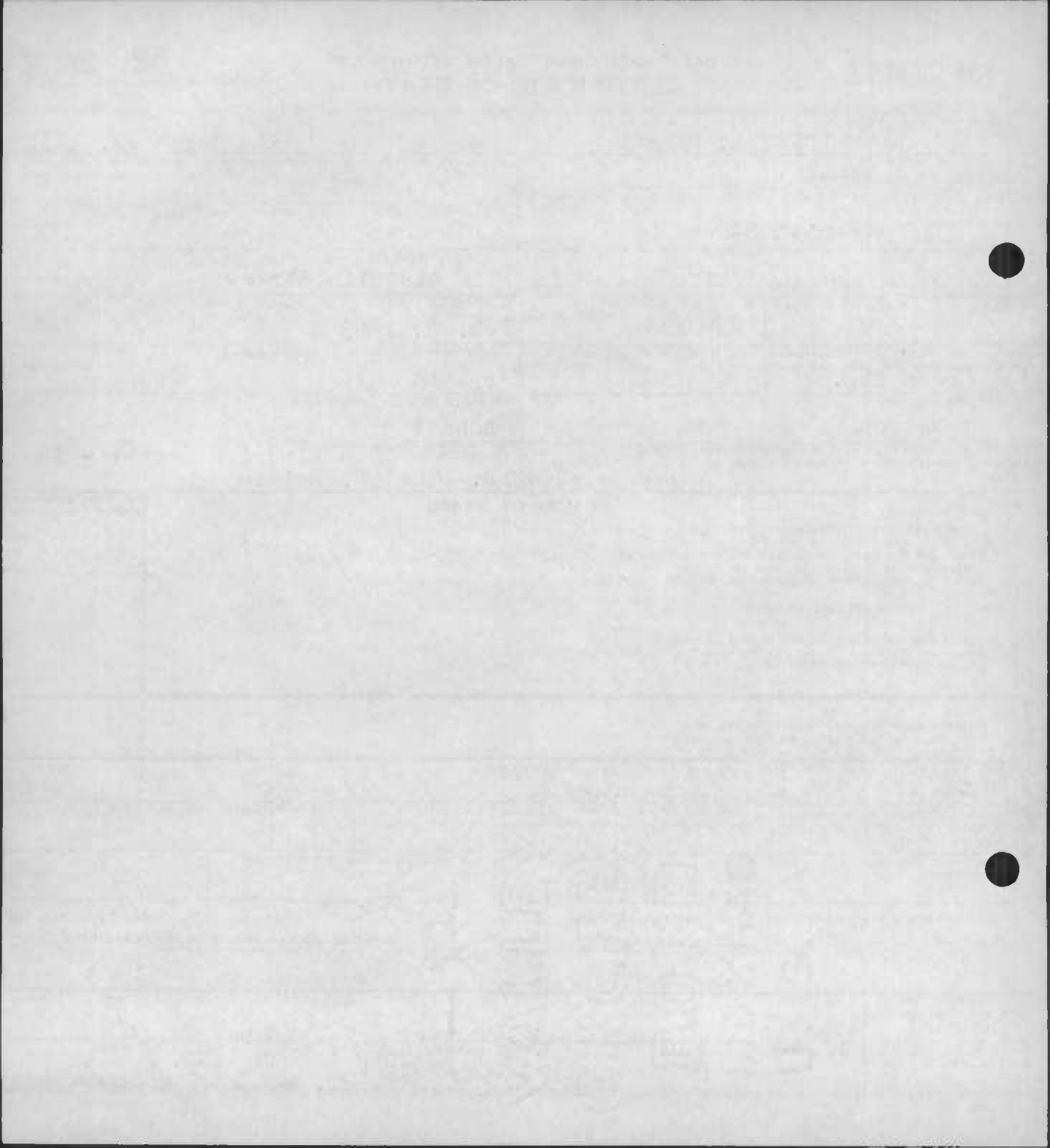
52 2653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2653
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ERNEST S. NELSON		2. DATE OF DEATH March 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2316 Aisquith Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2316 Aisquith Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1893	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Cream Mfg.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ? Nelson		14. MOTHER'S MAIDEN NAME Anna ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-03-2849		17. INFORMANT 2316 Aisquith Street - 18 Mrs. Ethel F. Nelson	
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of prostate DUE TO CAUSE OF DEATH Carcinoma of prostate DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 yrs					
19. DATE OF OPERATION April, 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov , 19 50 , to March , 19 52 that I last saw the deceased alive on 3-16 , 19 52 and that death occurred at 84 m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. Sander		23B. ADDRESS 3003 Garrison Ave		23C. DATE SIGNED 3-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/20/52		24C. NAME OF CEMETERY OR CREMATORY London Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., MD.			
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MEDICAL CERTIFICATION

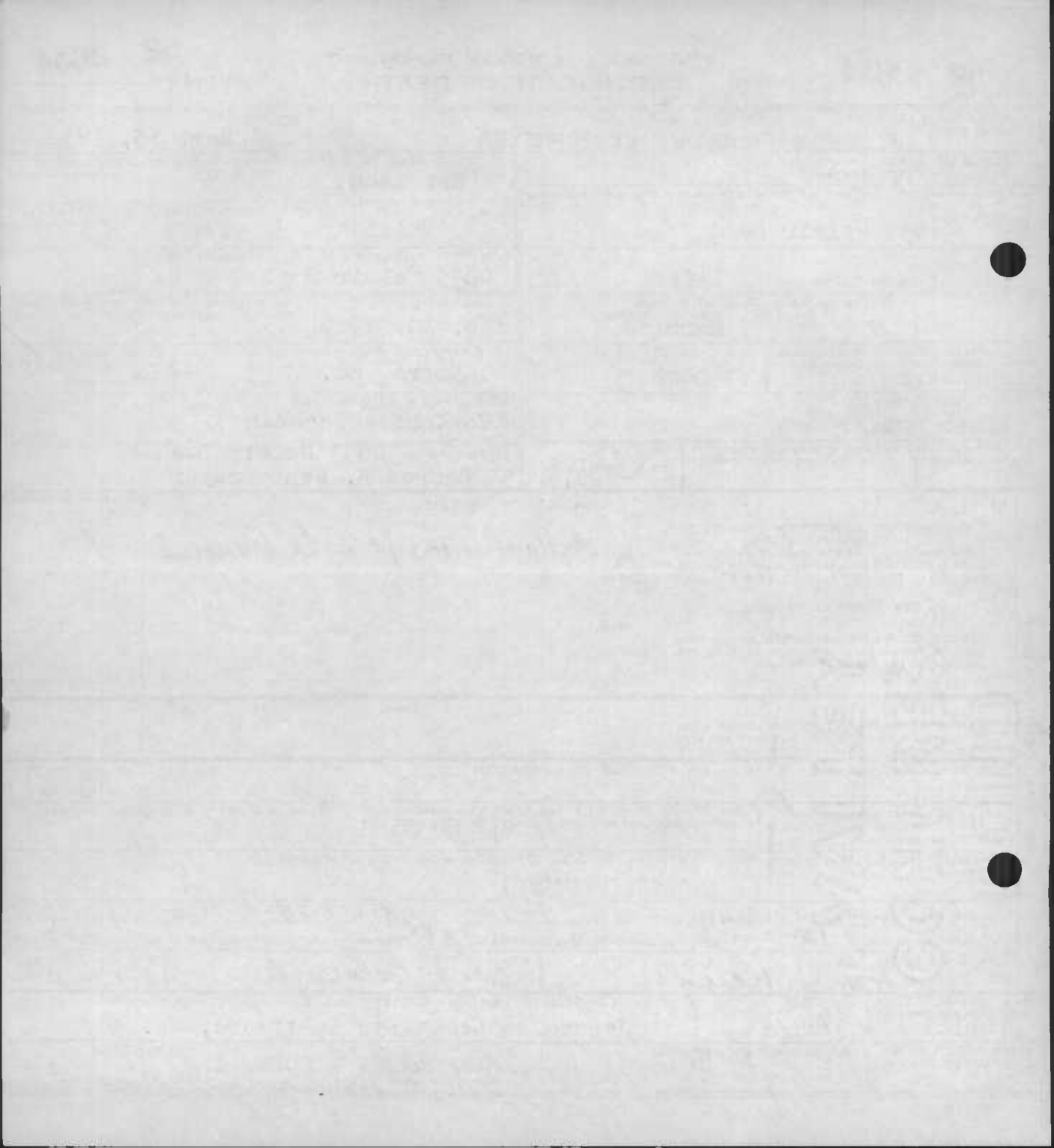


236

52 2654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2654
Registered No.

1. NAME OF DECEASED (Type or Print) ELEANOR BARBARA WESTERMEYER		2. DATE OF DEATH Mar. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4835 Belair Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02	
D. STREET ADDRESS (If rural, give location) 4835 Belair Road		E. Yrs. Mos. Days	
c. Length of stay in Baltimore Life		F. Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1920
9. AGE (In years last birthday) 32		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME Elmer Grauer		14. MOTHER'S MAIDEN NAME Josephine Beckman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 214- 20,7063	
17. INFORMANT George H. Westermeyer		18. 204.2 CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myelo-monocytic Leukemia		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-1- 19 51 , to 3-15- 19 52 , that I last saw the deceased alive on 3-15- 19 52 , and that death occurred at 7:50 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Smecton C. Haug		23B. ADDRESS 2117 Belair Rd	
23C. DATE SIGNED 3-17-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/52	
24C. NAME OF CEMETERY OR CREMATORY Jerusalem Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNDAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	



260

52 2655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2655

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas BOWSER

2. DATE
OF
DEATH

3.17.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Observation room at
Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

11-04

D. STREET ADDRESS (If rural, give location)

936 N. Eutaw St. R 1

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

male

colored

m.

5-8-08

43

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Steel worker

Bethlehem Steel

13. FATHER'S NAME

Christopher Bowser

14. MOTHER'S MAIDEN NAME

Mary Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cornelia C. Bowser 936 N. Eutaw St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Loma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebro-vascular accident

DUE TO

(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3.17.1952 to 3.17.1952 that I last saw the
deceased alive on 3.17.1952 and that death occurred at 12:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sec-Jui Liu

M. O.

Maryland General Hospital

3.17.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

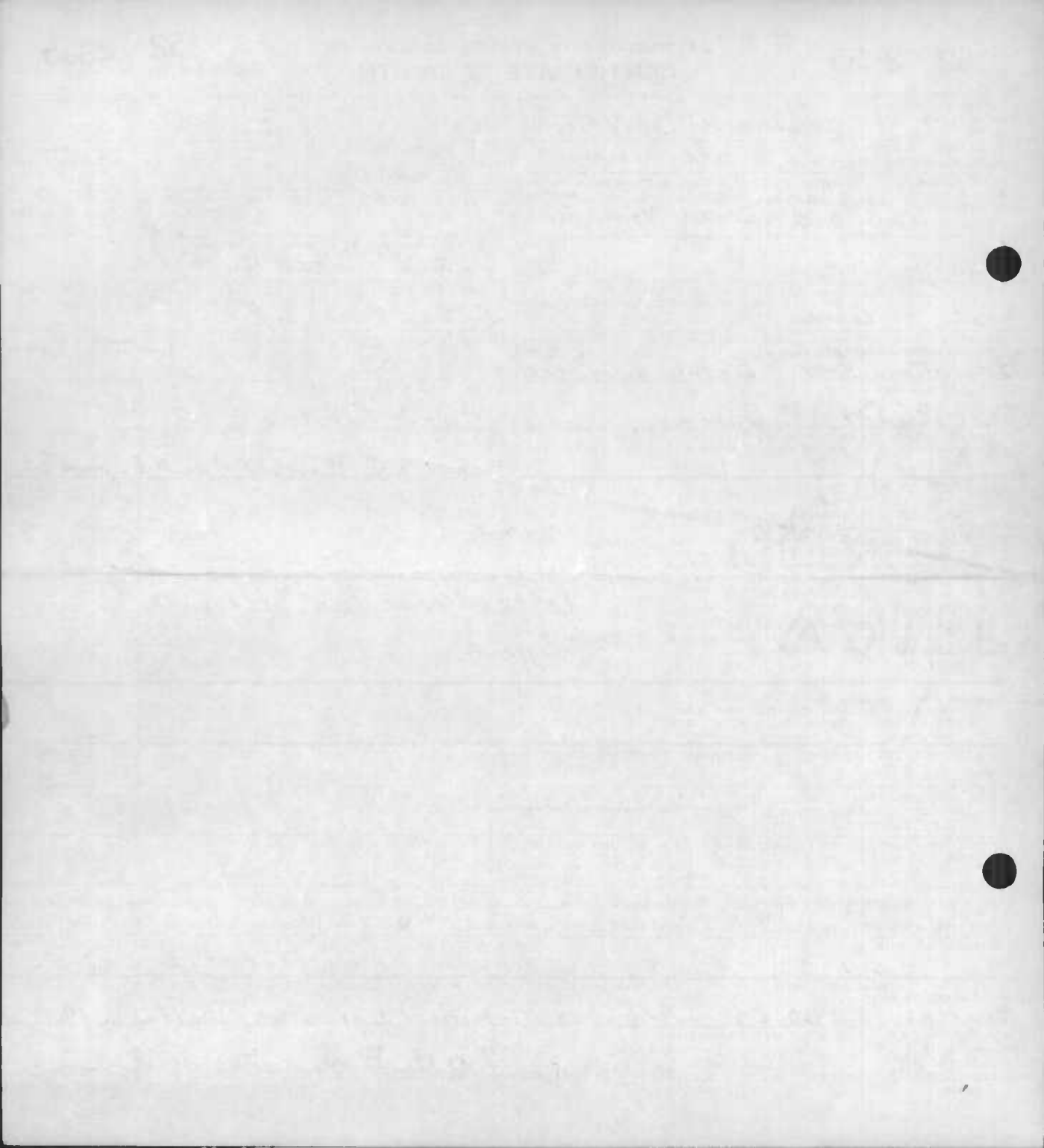
Huntington Williams

Arbutus Memorial Pk. Arbutus, Balto. Co. Md.
Chas. E. Law - 802 Mad. Ave.

VS 150

6903A

MEDICAL CERTIFICATION



516

52 2656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

VMC-129578

52 2656

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Limpert

2. DATE
OF
DEATH

3-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1004 E. Chase St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 22 1867

9. AGE (In years last birthday)

84

10 Under 1 Year
Months: Days

11 20

11 Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Bernard Busch

11. BIRTHPLACE (State or foreign country)

Maryland

14. MOTHER'S MAIDEN NAME

Martha Gratrix

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Records - Baltimore City Hospitals
4940 Eastern Avenue

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular disease

over 1 Yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-1949, to 3-14-1952, that I last saw the deceased alive on 3-14-1952, and that death occurred at 3:45P m., from the causes and on the date stated above.

23A. SIGNATURE

P. D. Croger

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/18/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

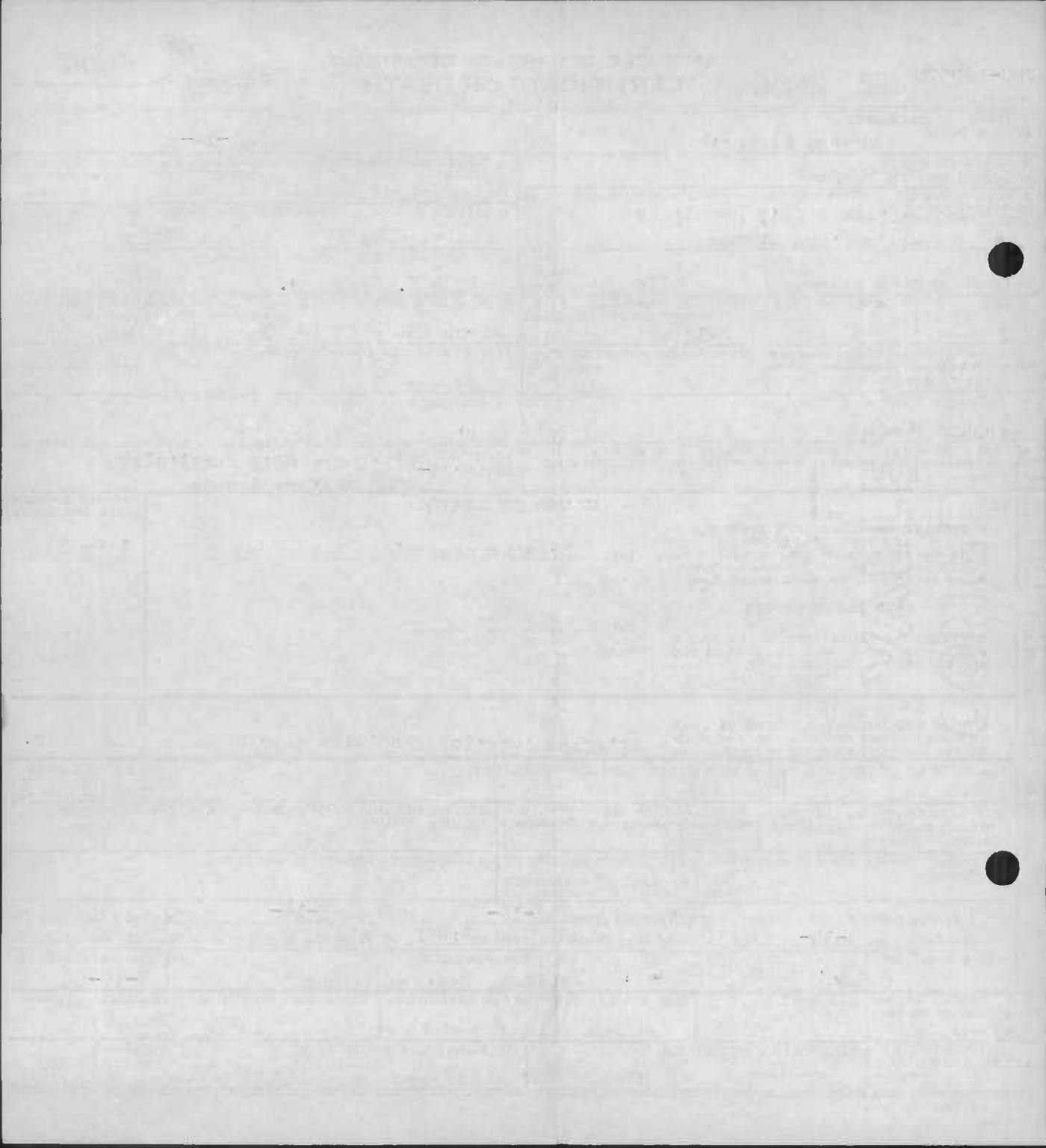
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. B. Cook Inc. 1217 St. Paul St



655

52 2657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2657

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Garman

2. DATE
OF
DEATH

3/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rockdale

c. Length of stay in Baltimore

4 days

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
3513 St James Road

5300

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 15 1896

9. AGE (In years
last birthday)
55 yrsIf Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY
-

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Harry Noll

14. MOTHER'S MAIDEN NAME

Anna Hohemshildt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)
No16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

George Garman Reisterstown Md

18. 330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Subarachnoid Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-14-52

19B. MAJOR FINDINGS OF OPERATION

Increased Intracranial Pressure

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1952, to 3/16/52, 1952, that I last saw the
deceased alive on 3/16, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 19 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Olive Cemetery

24D. LOCATION (City, town, or county)

Roslyn

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm Berryman & Sons

ADDRESS

Reisterstown Md

1078-0

RECEIVED

NOV 25 1970

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300

52 2658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2658
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Preston White</i>		2. DATE OF DEATH <i>March 17 1952</i>	
3. PLACE OF DEATH: a. <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Ind. General Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-34</i>			
c. Length of stay in Baltimore <i>61</i> Yrs. <i>Mos.</i> <i>Days</i>		d. STREET ADDRESS (If rural, give location) <i>4113 Century Ave. #6</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 19 1891</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>foreman Ames Smelt & Ref.</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ind. U.S.A.</i>	
13. FATHER'S NAME <i>Samuel B. White</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca M. Rogers</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-10-1908</i>		17. INFORMANT ADDRESS <i>Mrs Jennie White - 4113 Century</i>	
18. <i>422.1</i> CAUSE OF DEATH		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>congestive heart failure</i> DUE TO <i>arteriosclerotic cardiovascular disease</i>		<i>?</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Pneumonia - bilateral</i> DUE TO		<i>6 weeks</i>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 13, 1952</i> to <i>March 17 1952</i> that I last saw the deceased alive on <i>March 17, 1952</i> and that death occurred at <i>8 A.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Lee - Jui Lin</i> M. D.		23b. ADDRESS <i>Ind. General Hospital</i>		23c. DATE SIGNED <i>3-17-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>3/20/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24d. LOCATION (City, town, or county) <i>Balto Md</i>		24e. STATE		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 5305 Harford Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>5305 Harford Rd</i>	

MEDICAL CERTIFICATION

VS 150

5233C

Page 50

100-100

[Faint, illegible handwriting throughout the page]

NOTED
CHIEF
OFFICE

620

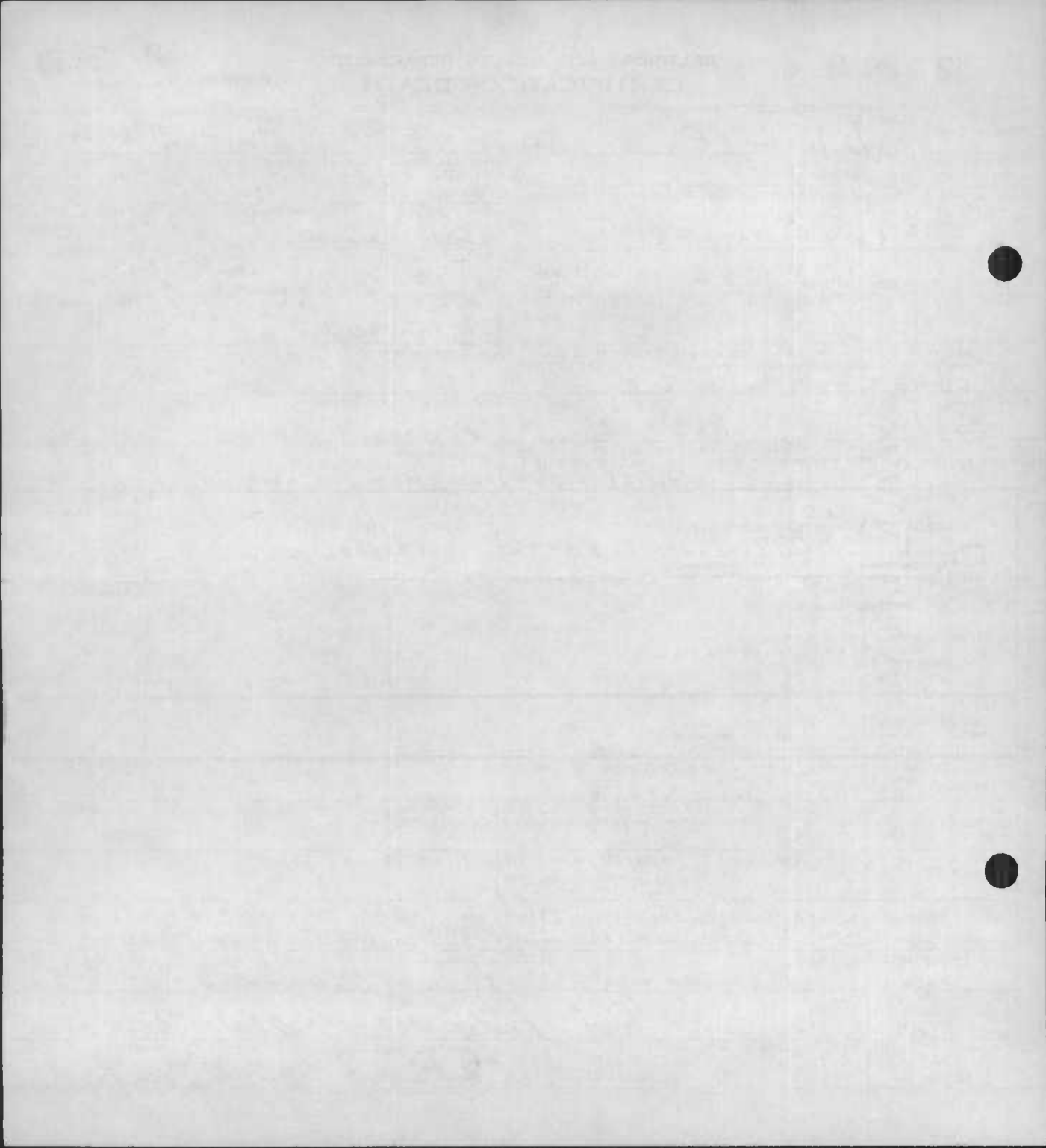
52 2659

Kohrs
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2659
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>William F. Kohrs</i>	
2. DATE OF DEATH <i>Mar. 16, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Mercy Hospital</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1519 Aisquith St.</i>	
c. Length of stay in Baltimore <i>46</i> Yrs. <i>Mrs. Day</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Aug. 15, 1905</i>
9. AGE (in years last birthday) <i>46</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shipping Clerk & Packer</i>	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Frederick Kohrs</i>	14. MOTHER'S MAIDEN NAME <i>Anna Blum</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>215-01-9336</i>
17. INFORMANT <i>Hosp. Adm. Sheet</i>	ADDRESS
18. <i>581.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Portal Cirrhosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19. MAJOR FINDINGS OF OPERATION <i>Cirrhosis</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar. 8, 1952</i> to <i>Mar. 16, 1952</i> , that I last saw the deceased alive on <i>Mar. 16, 1952</i> , and that death occurred at <i>5:40 pm.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Clyde D. Thomas</i> M.D.	
23B. ADDRESS <i>Mercy Hospital</i>	
23C. DATE SIGNED <i>3-16-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/20/52</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AR 1814</i>	REGISTRAR'S SIGNATURE <i>Th...</i>
25. FUNERAL DIRECTOR <i>L. Q. Kirk</i> ADDRESS <i>5305 Nayford</i>	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

562
52 2660

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Thomas L. Enright*

2. DATE OF DEATH *Mar. 14-1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
620 E. 33rd.

C. LENGTH OF STAY IN BALTIMORE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-03

D. STREET ADDRESS (If rural, give location)
620 E. 33rd St.

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married*

8. DATE OF BIRTH *Jan. 12-1896* 9. AGE (In years last birthday) *56*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Ref. Trans. Eng. - New East* 10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) *Baltimore Md.* 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *Laurence Enright* 14. MOTHER'S MAIDEN NAME *Elizabeth E. Evanson*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ 16. SOCIAL SECURITY NO. _____

17. INFORMANT _____ ADDRESS _____

18. *199.1* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma, Abdominal*
DUE TO *Origin Undetermined*

INTERVAL BETWEEN ONSET AND DEATH *1 yr*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____ DUE TO _____

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ 21E. INJURY OCCURRED _____

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Mar. 7*, 19*52*, to *Mar. 14*, 19*52*, that I last saw the deceased alive on *Mar. 12*, 19*52*, and that death occurred at *11 A.* m., from the causes and on the date stated above.

23. SIGNATURE *Wm. H. Kommer, Jr.* 23B. ADDRESS *5015 Shuman Ave.* 23C. DATE SIGNED *Mar. 14, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *3/18/52* 24C. NAME OF CEMETERY OR CREMATORY *New Cathedral* 24D. LOCATION (City, town, or county) (State) *Balt Md*

DATE RECEIVED BY LOCAL REGISTRAR *MAR 18 1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *535 1/2 E. 33rd St. Hayford* ADDRESS _____

RECEIVED

MAILED
JAN 10 1964
U.S. DEPT. OF JUSTICE

1. NAME OF DECEASED (Type or Print) MOHIE KANTER		2. DATE OF DEATH 3-17-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 3208 Dorothaw Road Baltimore 15-11		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF stay in Baltimore 28 Yrs. Mon Days		8. STREET ADDRESS (If rural, give location) 3208 Dorothaw Road	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH 8-5
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME Lam		16. MOTHER'S MAIDEN NAME Sarah	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. ADDRESS		20. ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Proxay Disease DUE TO (B) Arteriosclerotic Cardiovascular Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hemiplegia		3 wks

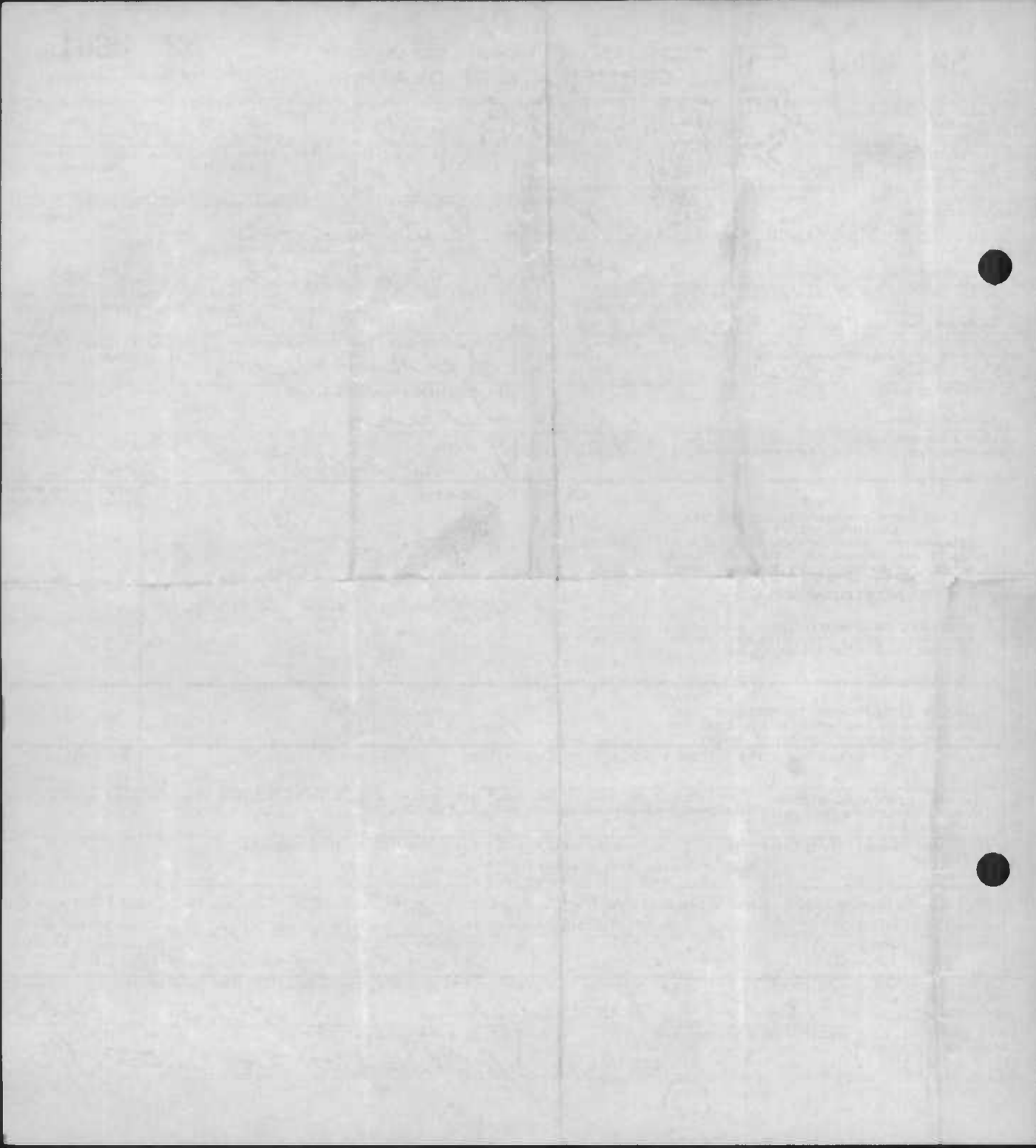
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 13/1952** to **March 17, 1952**, that I last saw the deceased alive on **March 17, 1952** and that death occurred at **6:00** m., from the causes and on the date stated above.

23A. SIGNATURE Emil R. [Signature]	23B. ADDRESS 1331 North Ave	23C. DATE SIGNED 3-17-52
---	------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-18-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
---	--------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Easton Pl
---	--	--	-------------------------------



540

52 2662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2662

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John DONNELLA

2. DATE
OF
DEATH

March 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

111 MY CLARE ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

15-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

111 MY CLARE ST

C. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept 9, 1894

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAILROADER

10B. KIND OF BUSINESS OR INDUSTRY

Odd jobs

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown)

No

16. SOCIAL SECURITY NO.

14-17-8338

17. INFORMANT

ADDRESS

MARY C. DONNELLA 111 MY CLARE ST

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 Hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17-52, 1952, to 3-17-52, 1952, that I last saw the deceased alive on 3-17-52, 1952, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Rabin

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

3-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-20-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. B. M. Walters

ADDRESS

97099 Pratt & Stricker Co.

WATNEY
OF THE
COLUMBIAN
GOLD
MOUNTAIN

52 2663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2663

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES K. GUARD

2. DATE
OF
DEATH

Mar. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2327 N. Charles St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1123 N. Eutaw Place

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Dec. 25, 1871

9. AGE (In years last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

South Africa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas J. Guard

14. MOTHER'S MAIDEN NAME

Elizabeth Barrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. John L. Swope - Garrison, Md.

1B. 180X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma of pelvis, due to spine + viscera. Hypernephroma

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

February 9, 1952

19B. MAJOR FINDINGS OF OPERATION

Biopsy revealed CARCINOMA of Pelvic bone - Hypernephroma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 25, 1952 to 15 MAR, 1952 that I last saw the deceased alive on MAR 15, 1952 and that death occurred at 3:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/18/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

VS 150

Balto 17 Md.

Therapeutic treatment of the
of the disease

Examination of the blood - Hypertension

1st March 1921

2nd

3rd

4th

5th

6th

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

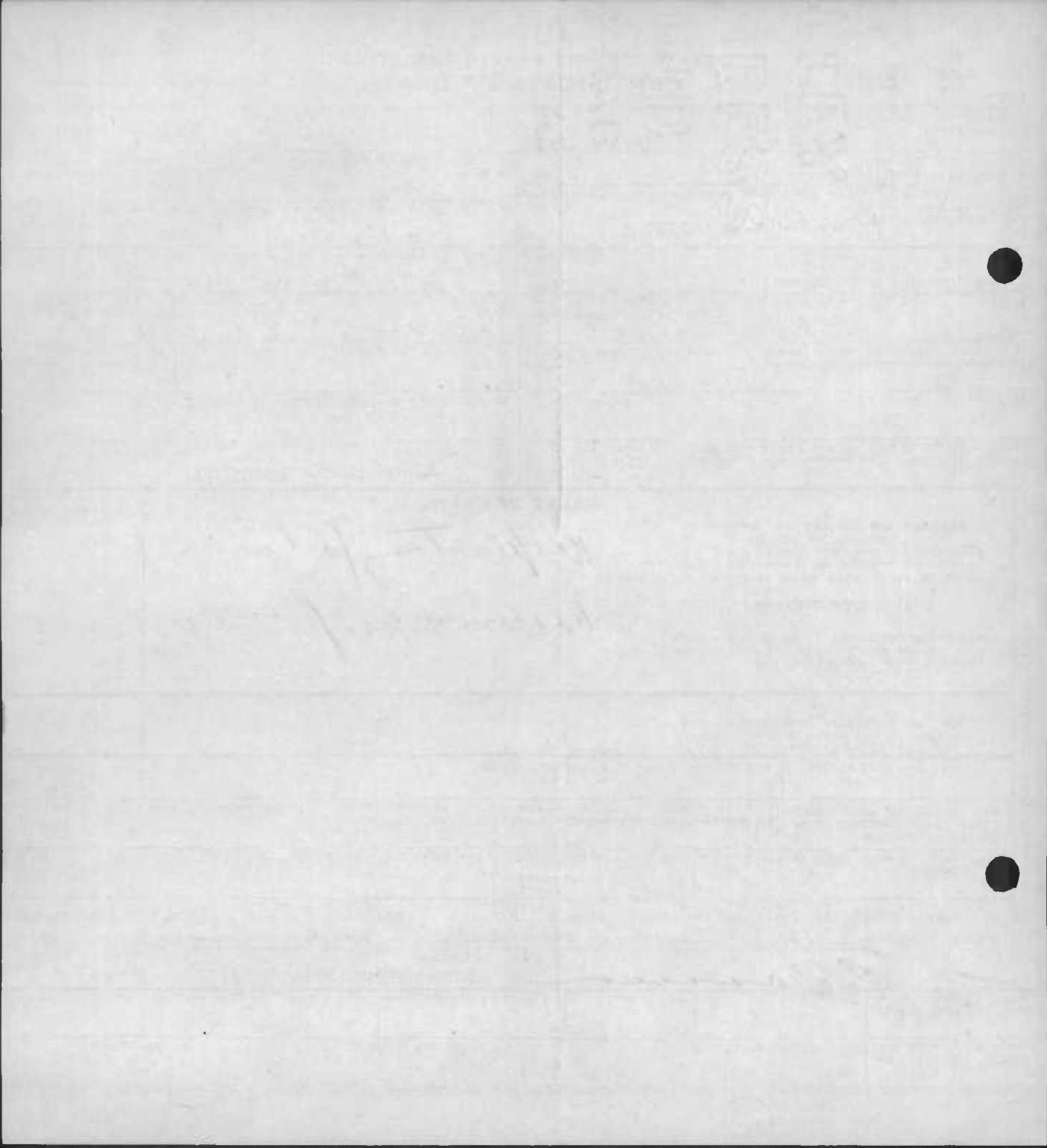
1. NAME OF DECEASED (Type or Print) ERSEL - Frank Wright			2. DATE OF DEATH MAR 15 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore, 13-01		
D. STREET ADDRESS (If rural, give location) 2431 Callow Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-8-96		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) W. Va.	
13. FATHER'S NAME Lloyd Wright			14. MOTHER'S MAIDEN NAME Missouri Filtro		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. 278-05-2109		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 141X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial infarction DUE TO _____ (B) Carcinoma of tongue DUE TO _____ (C) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____ _____ _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____ _____ _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 1-18-1952 to 3-15-1952 , that I last saw the deceased alive on 3-15-1952 , and that death occurred at 12:57 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 3-15-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS Balto Md.	

MEDICAL CERTIFICATION



360

52 2665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2665

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH L. RITTER

2. DATE
OF
DEATH

Mar. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2023 Ridgehill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-04

D. STREET ADDRESS (If rural, give location)

2023 Ridgehill Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 11, 1875

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRYGas & Elec.
Street paving

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jeanette Lefkowitz - 2023 Ridgehill/

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMATOSIS

DUE TO

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARCINOMA - COLON -

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1946, to MARCH 14, 1952, that I last saw the
deceased alive on 20th, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman R. Kerman

M. D.

23B. ADDRESS

3803 Edmondson Ave

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/19/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

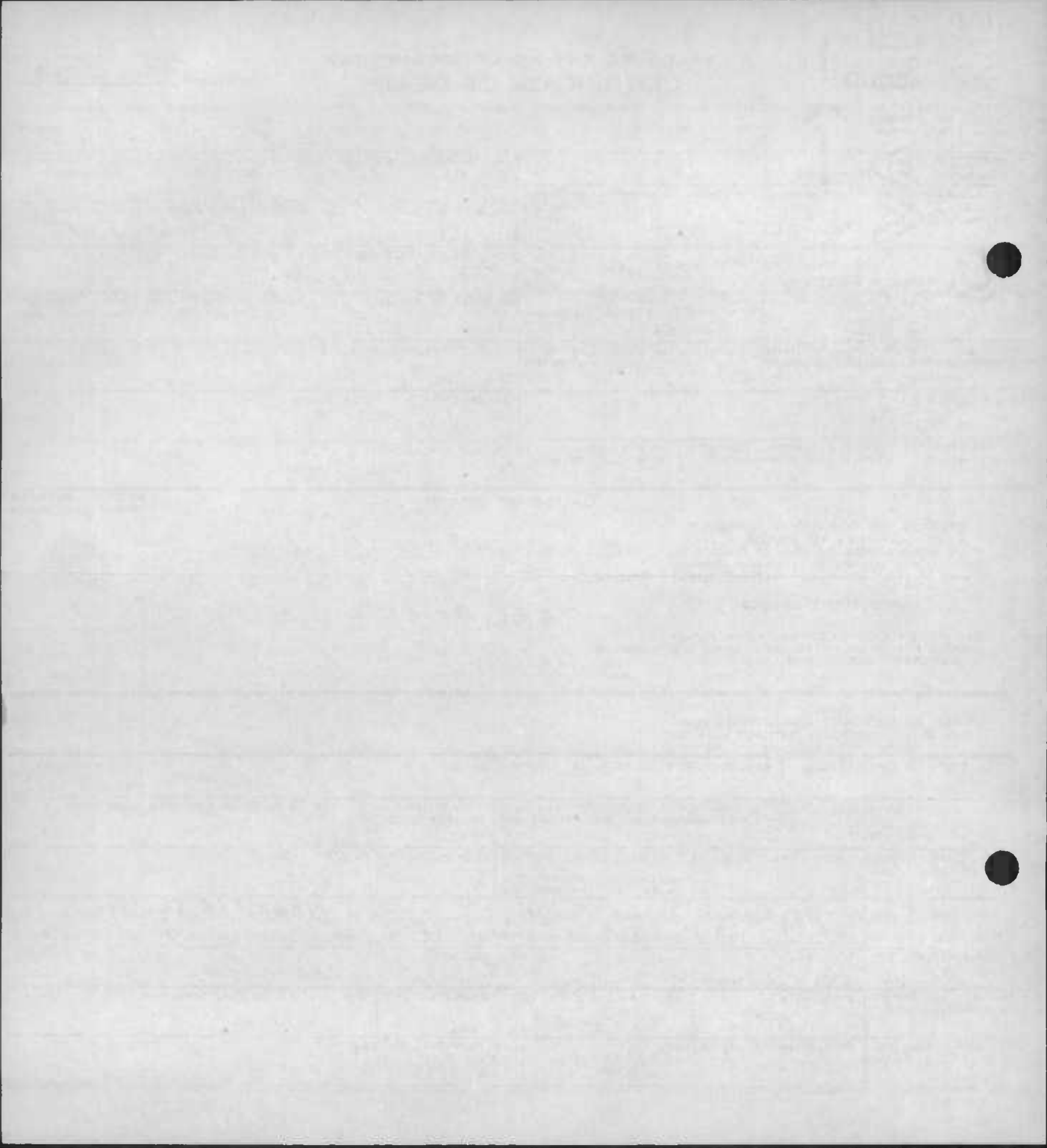
ADDRESS

H. M. J. Lickner & Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION



52 2666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2666

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Thomas Grimm

2. DATE
OF
DEATH

3-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-08

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2306 Hartford Rd

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 11, 1903

9. AGE (In years,
last birthday)

48

If Under 1 Year
Months: Days

10 5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor Stenographer

10B. KIND OF BUSINESS OR
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Grimm

14. MOTHER'S MAIDEN NAME

Adelaide Emma Markette

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

218-16-8856

17. INFORMANT

patient - 2306 Hartford Rd.

ADDRESS

18. 163-X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Metastatic Squamous Cell
Carcinoma of Bronchus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 29, 1952, to March 16, 1952, that I last saw the
deceased alive on March 16, 1952, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

3-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-19-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Ave, Balto Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George V. Smith INC

ADDRESS

1735 Hartford Ave

VS 150

564 24

MEDICAL CERTIFICATION

RECEIVED
JAN 25 1962

125
52 2667BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2667
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALLACE Gibson

2. DATE
OF
DEATH

3-17-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1217 E. PRESTON ST

c. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE

10-01

c. Length of stay in Baltimore

20 YRS. Yrs.
Mos. Days

d. STREET ADDRESS (If rural, give location)

1217 E. PRESTON ST.

5. SEX

M.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-22-1909

9. AGE (In years
last birthday)

42

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR
INDUSTRY

TOWSON NURSERY

11. BIRTHPLACE (State or foreign country)

CHESTER, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WALLACE GIBSON, JR.

14. MOTHER'S MAIDEN NAME

DORA CURDEAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY E. GIBSON 1217 E. PRESTON

18. 475X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberc.

3/14/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Valvular Heart Disease

?

(C)

Lipoid Pneumonia

3/14/52

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1952, to March 17, 1952 that I last saw the
deceased alive on 3/16, 1952 and that death occurred at 1230 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

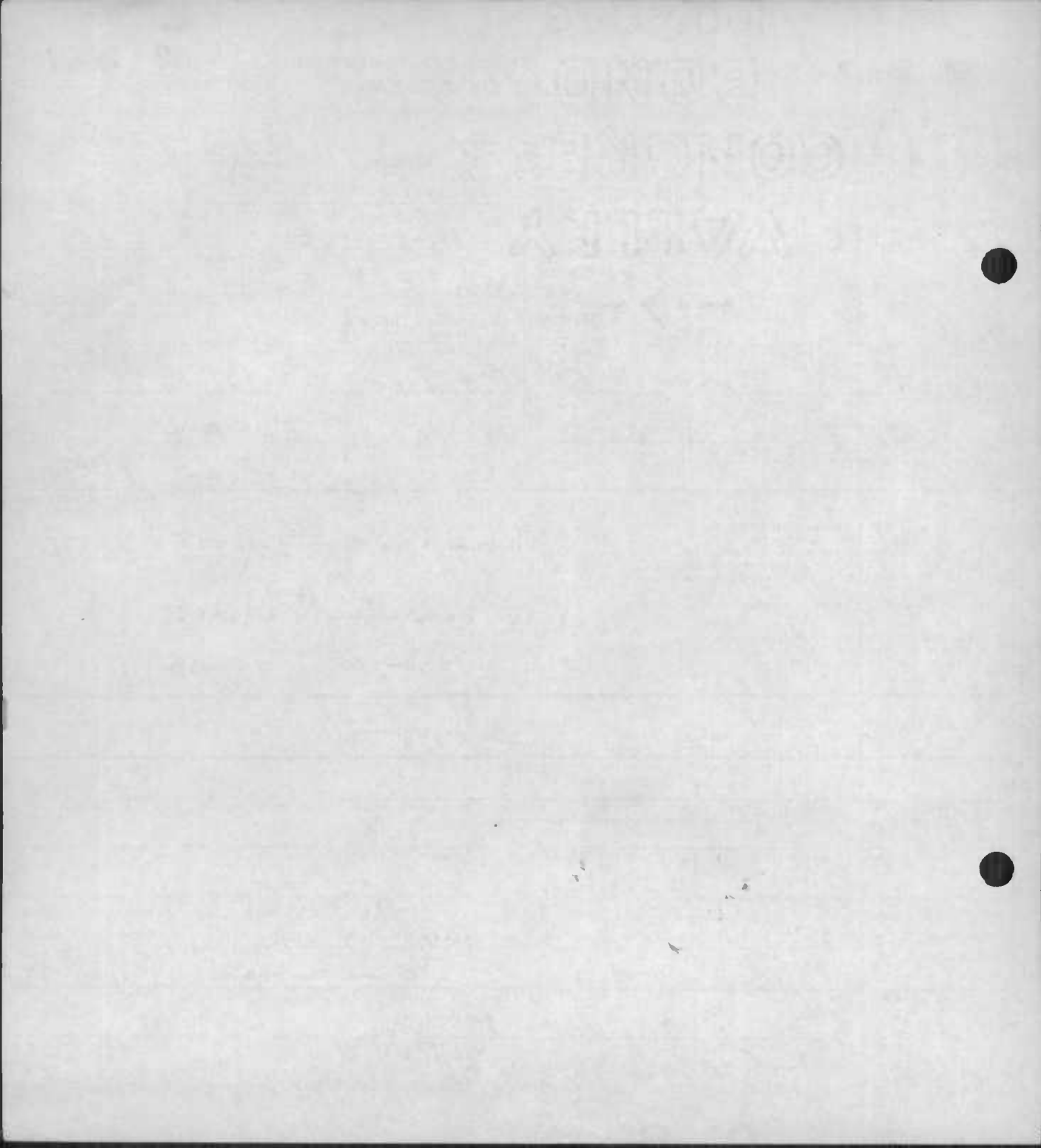
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

Huntington, William, M.D. 1304 N. Central Ave



325

52 2668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2668

Registered No. _____

1. NAME OF DECEASED (Type or Print) **CHARLOTTE EPPES Foster HUTSON** 2. DATE OF DEATH **3-17-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **1021 RUTLAND AVE**
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **MD** B. COUNTY **7-04**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

D. STREET ADDRESS (If rural, give location) **1021 RUTLAND AVE**
c. Length of stay in Baltimore **40yrs** Yrs. Mos. Days

5. SEX **F** 6. COLOR OR RACE **C.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **1-22-1891** 9. AGE (In years last birthday) **61** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10B. KIND OF BUSINESS OR INDUSTRY **Nottaway County, Va.** 11. BIRTHPLACE (State or foreign country) **Nottaway County, Va.** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **JAMES EPPES** 14. MOTHER'S MAIDEN NAME **CHARLOTTE FOWKES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **LINWOOD FOSTER** ADDRESS **1707 E. LAFAYETTE**

18. **442X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) **Chronic cardio-renal vas- 1 year**
DUE TO **cular disease**

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-15-52**, 19**52** to **3-17-52**, 19**52**, that I last saw the deceased alive on **3-17-52**, 19**52** and that death occurred at **2:10A** m., from the causes and on the date stated above.

23A. SIGNATURE **Wm. L. Perry** M.D. 23B. ADDRESS **1420 E. Chase** 23C. DATE SIGNED **3-18-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **3-20-52** 24C. NAME OF CEMETERY OR CREMATORY **ARBUTUS MEM. PK.** 24D. LOCATION (City, town, or county) (State) **ARBUTUS, MD**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 18 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Joseph E. Locks, Jr.** ADDRESS **1304 N. Central Ave**

MEDICAL CERTIFICATION

165

52 2669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2669

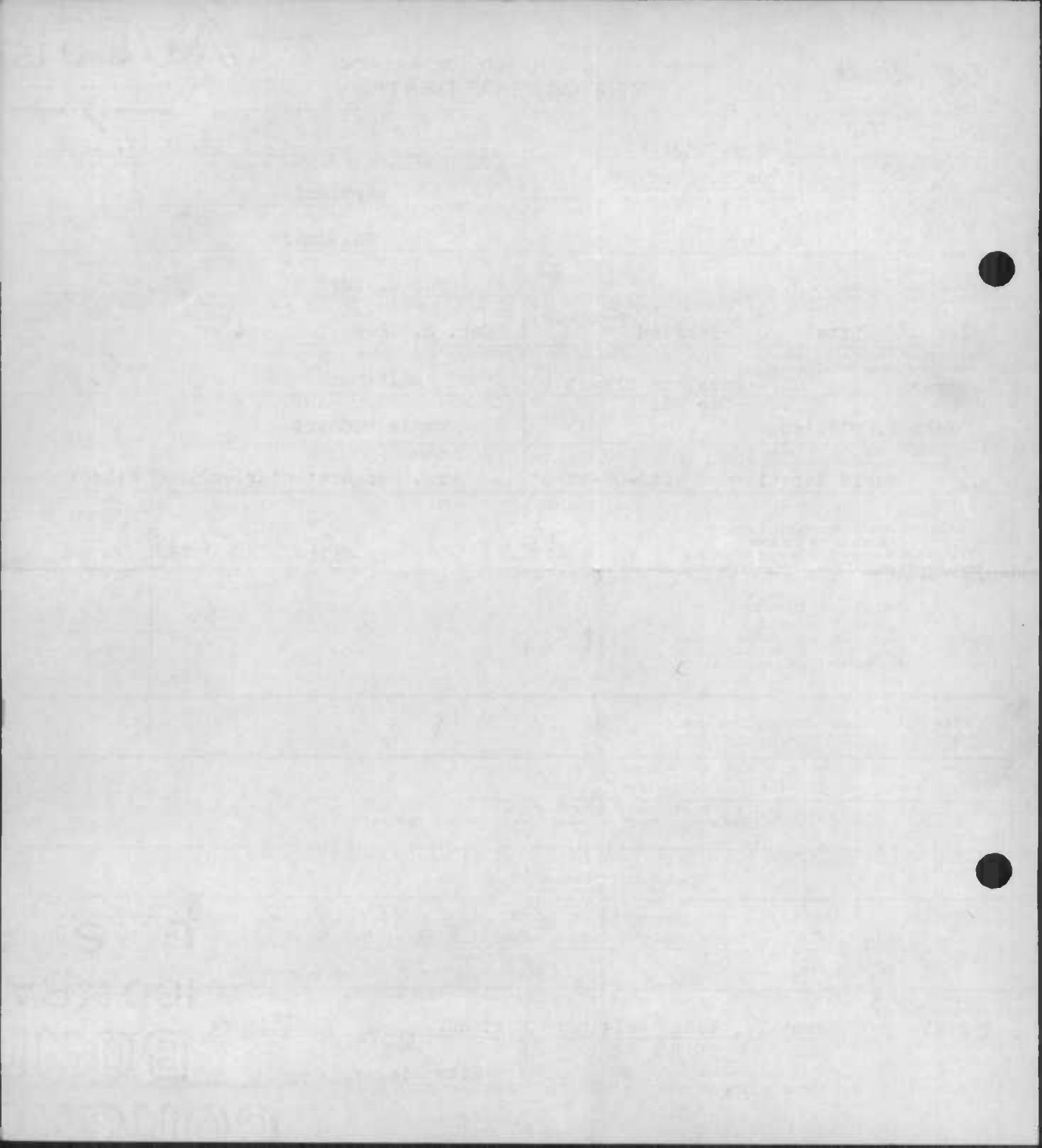
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leo J. O'Brien			2. DATE OF DEATH March 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 706 E. 23rd St			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-08		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 706 E. 23rd St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 3, 1898	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Rockland Bleach & Die Mills (M)		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME John P. O'Brien		14. MOTHER'S MAIDEN NAME Maggie McCourt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. 220-09-2275		17. INFORMANT ADDRESS Mrs. Margaret O'Brien 1208 Wilcox St	
18. 356.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Amphotrophic lateral sclerosis CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-1 , 19 52 , to 3-17 , 19 52 , that I last saw the deceased alive on 3-16 , 19 52 , and that death occurred at 7 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE C. D. [Signature]		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED 3-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 19, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Rita Wiedefeld		24F. ADDRESS 900 E. Biddle St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Rita Wiedefeld 900 E. Biddle St	

VS 150

11 E. Chase St 9704C

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2670

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Freeman Tillman

2. DATE
OF
DEATH

March 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2300 Madison Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

HOSPITAL OR

St. Joseph's

Yrs.
Mos.
Days

Length of stay in Baltimore

44 yr.

5. SEX

M.

Colored

laborer

laborer

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10B. KIND OF BUSINESS OR
INDUSTRY

Bedding Co.

8. DATE OF BIRTH

Jan. 11, 1888

9. AGE (in years
last birthday)

64

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

13. FATHER'S NAME

Richard Tillman

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL

225-05-0417

17. INFORMANT

ADDRESS

Virginia Small 2300 Madison Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral vasxular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular
disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1952, to March 16, 1952 that I last saw the
deceased alive on March 16, 1952. and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/20/52

Mt Calvary

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

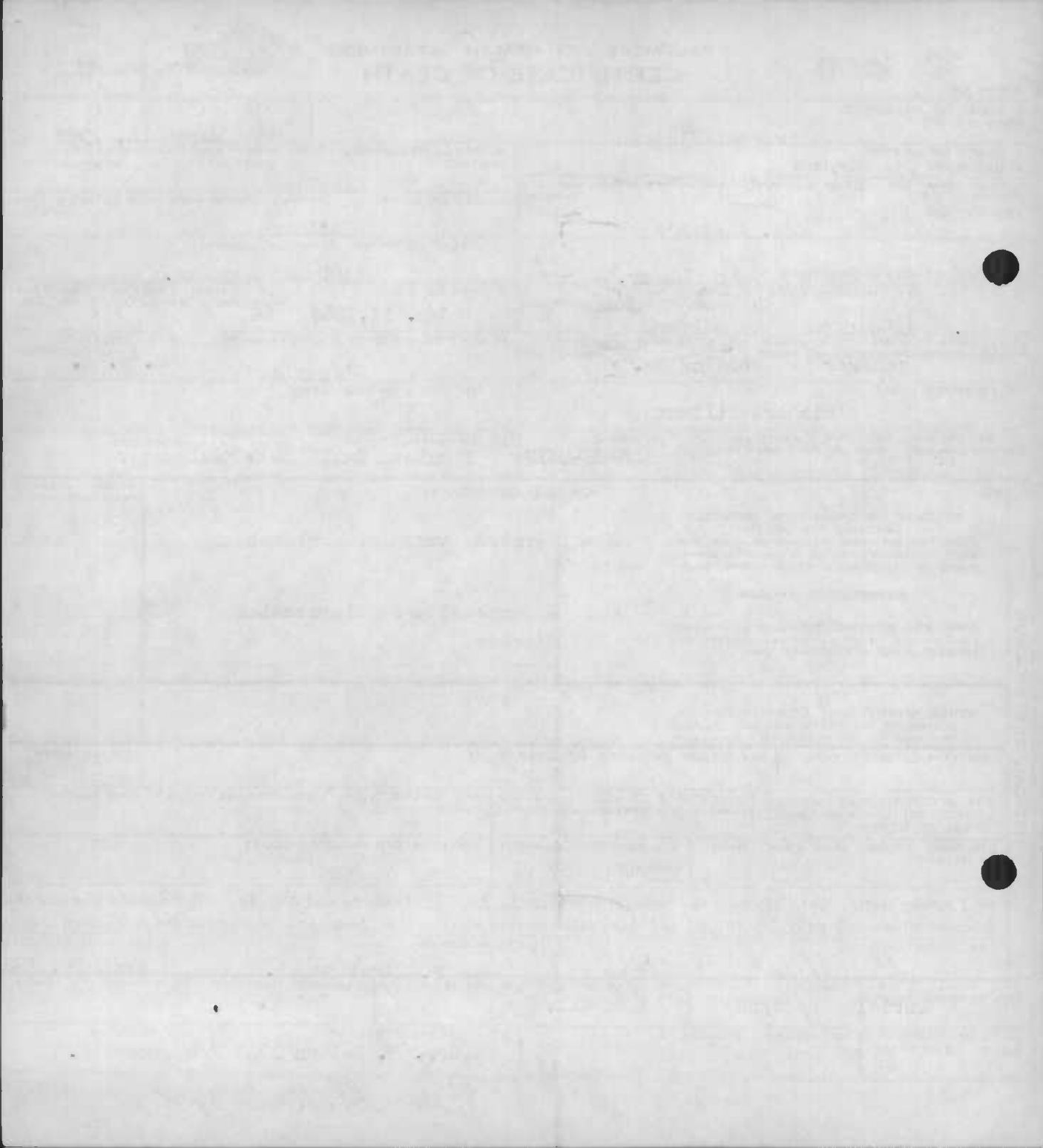
Huntington Williams

Geo. G. Nelson 1303 Presstman St.

VS 150

97 033

Geo. G. Nelson



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN JACKSON

2. DATE
OF
DEATH

March 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/2/1899

9. AGE (In years
last birthday)

52

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Marie Jackson 1124 N. Calhoun St.

18. E915.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Toxemia

DUE TO Second degree burns

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

house

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2111 Lyndhurst Avenue

15-19

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2/26/52 2:25 P.m.

21E. INJURY OCCURRED
WHILE AT ☒ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

exploded

Sustained burns when steam generator

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
3/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mt Auburn

24C. NAME OF CEMETERY OR CREMATORY

3/19/52

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

5/20/52

25. FUNERAL DIRECTOR

Geo. G. Kolson 1303 Prossman St.

V S 151

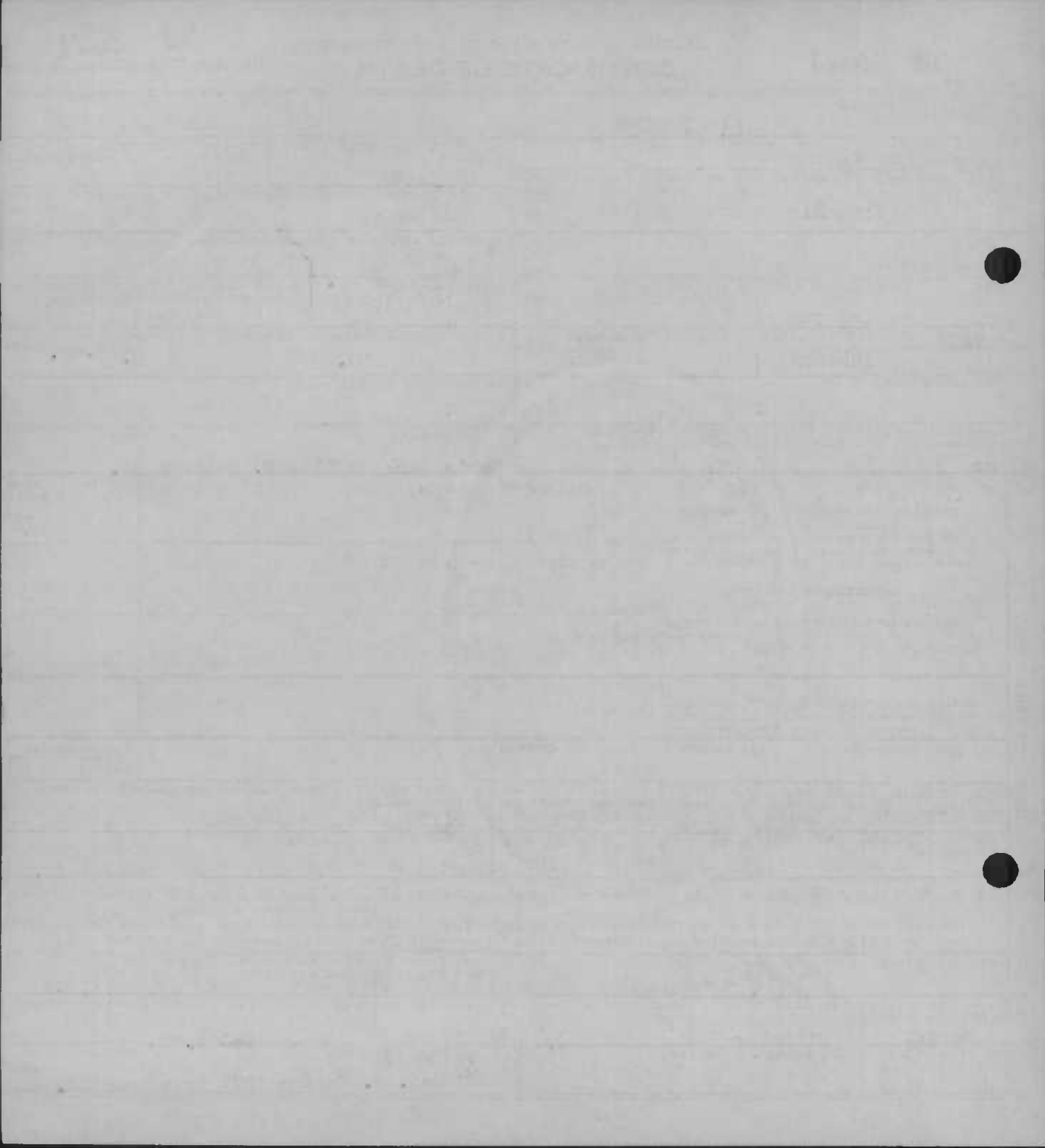
N 949.2

97099

Geo. G. Kolson

✓

MEDICAL CERTIFICATION



635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2672

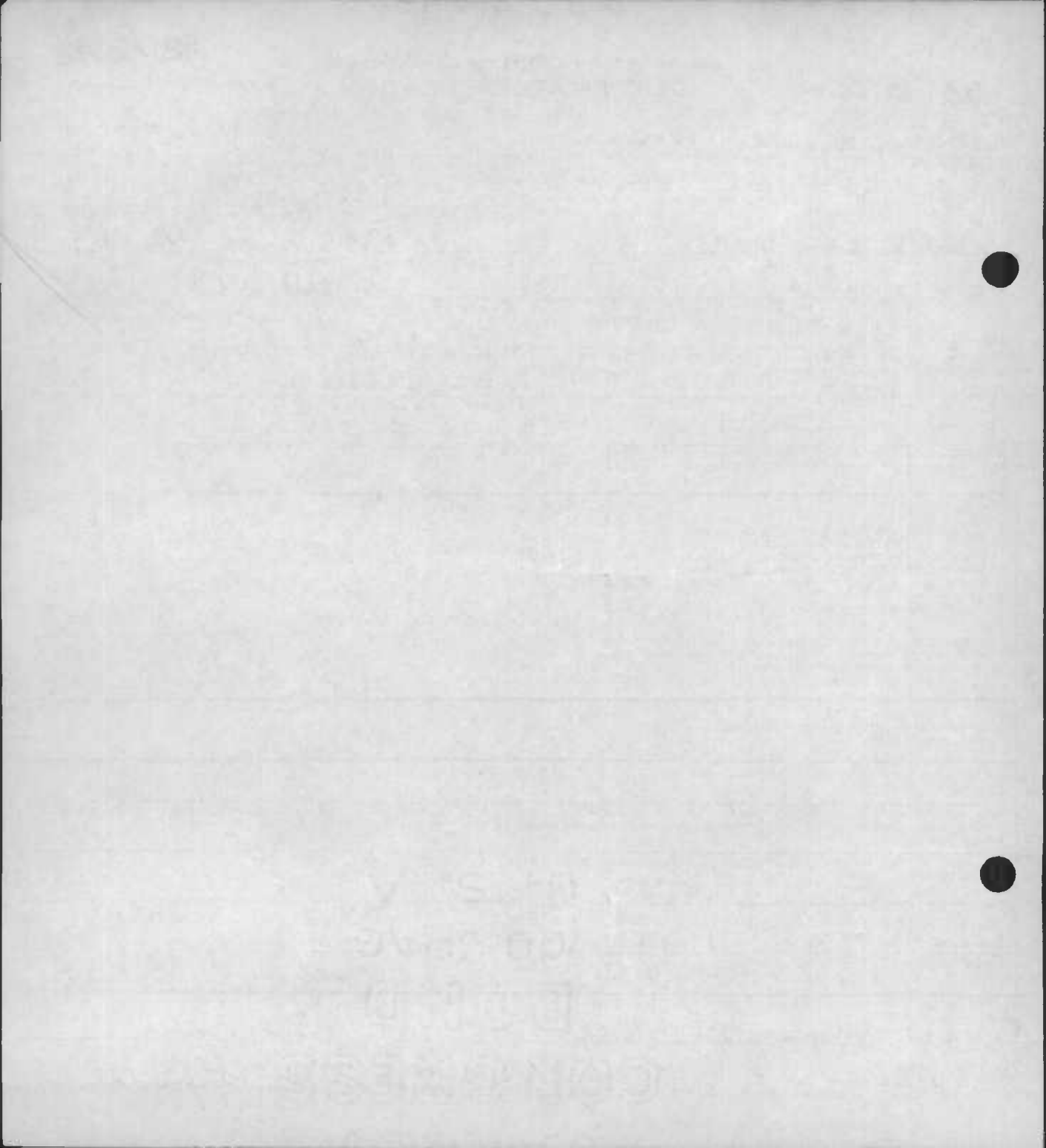
BIRTH NO. 52 2672

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Hartman</i>			2. DATE OF DEATH <i>16 March 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Joe of the Pool</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
C. Length of stay in Baltimore <i>3 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 1884</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Deegan</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Deegan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS

18. <i>422.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A)	<i>Chronic Myocarditis</i>	<i>1 yr.</i>	
ANTECEDENT CAUSES		(B)	<i>Arterio Sclerosis</i>	<i>5 yrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10 - 1952</i> , to <i>Mch 16 - 1952</i> , that I last saw the deceased alive on <i>Mch 5 - 1952</i> , and that death occurred at <i>4 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>Mch 17 - 1952</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar. 20 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>		ADDRESS <i>900 E. Biddle St</i>	



612

52 2673

52 2673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARBAGALLO, ANGELINA MARIE

2. DATE
OF
DEATH

3/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-06

D. STREET ADDRESS (If rural, give location)

2807 BECHLAND AV.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE/MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

8/23/33

9. AGE (In years
last birthday)

18

10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Waitress -

HOT Shoppes

13. FATHER'S NAME

Michael BARBAGALLO

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

ALMA BUETTNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

FATHER

ADDRESS

JAMES

18.

330X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

MEASING INTRA CEREBRAL BLEEDING

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

CONGENITAL ANEURYSM (PROB)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17/52 19, to 3/18/52, 19, that I last saw the
deceased alive on 3/18/52, 19, and that death occurred at 12:04 m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond A. Clemm

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

BALTO MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 18 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Rick

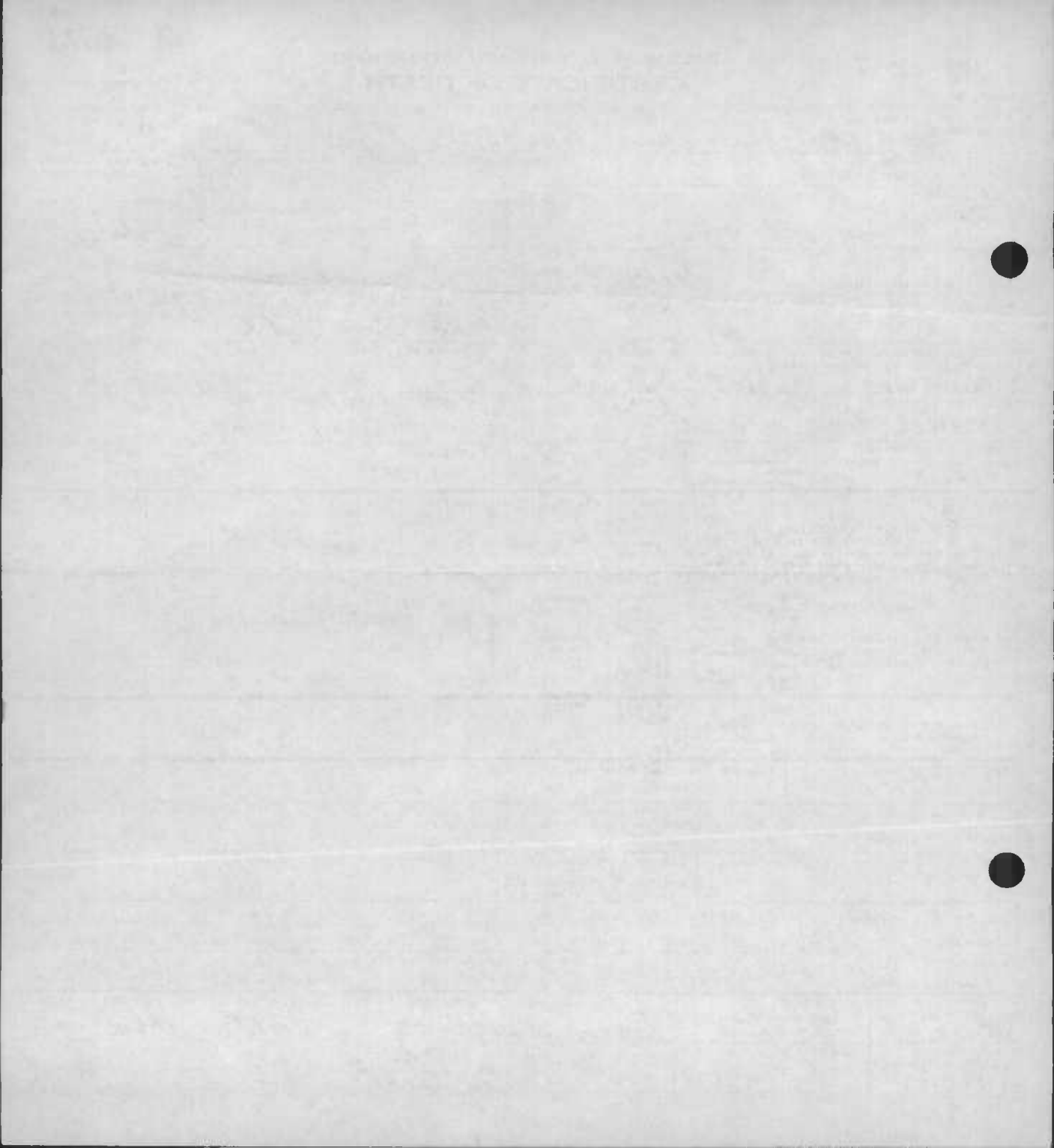
ADDRESS

5305 Harford

VS 150

784 6M

MEDICAL CERTIFICATION



200

52 2674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2674

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BOLACE BUZA

2. DATE
OF
DEATH

Mar. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION US Public Health Service Hospital

Wyson Pk. Drive & 31st St.

less than 48 hrs.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/22/89

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Own business

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Vincent Buza

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 148X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
UnknownDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Squamous cell carcinoma of

DUE TO

ANTECEDENT CAUSES

pharynx

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1952, to Mar. 18, 1952 that I last saw the
deceased alive on Mar. 18, 1952, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Clinton C. Powell, Surgeon

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

3/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

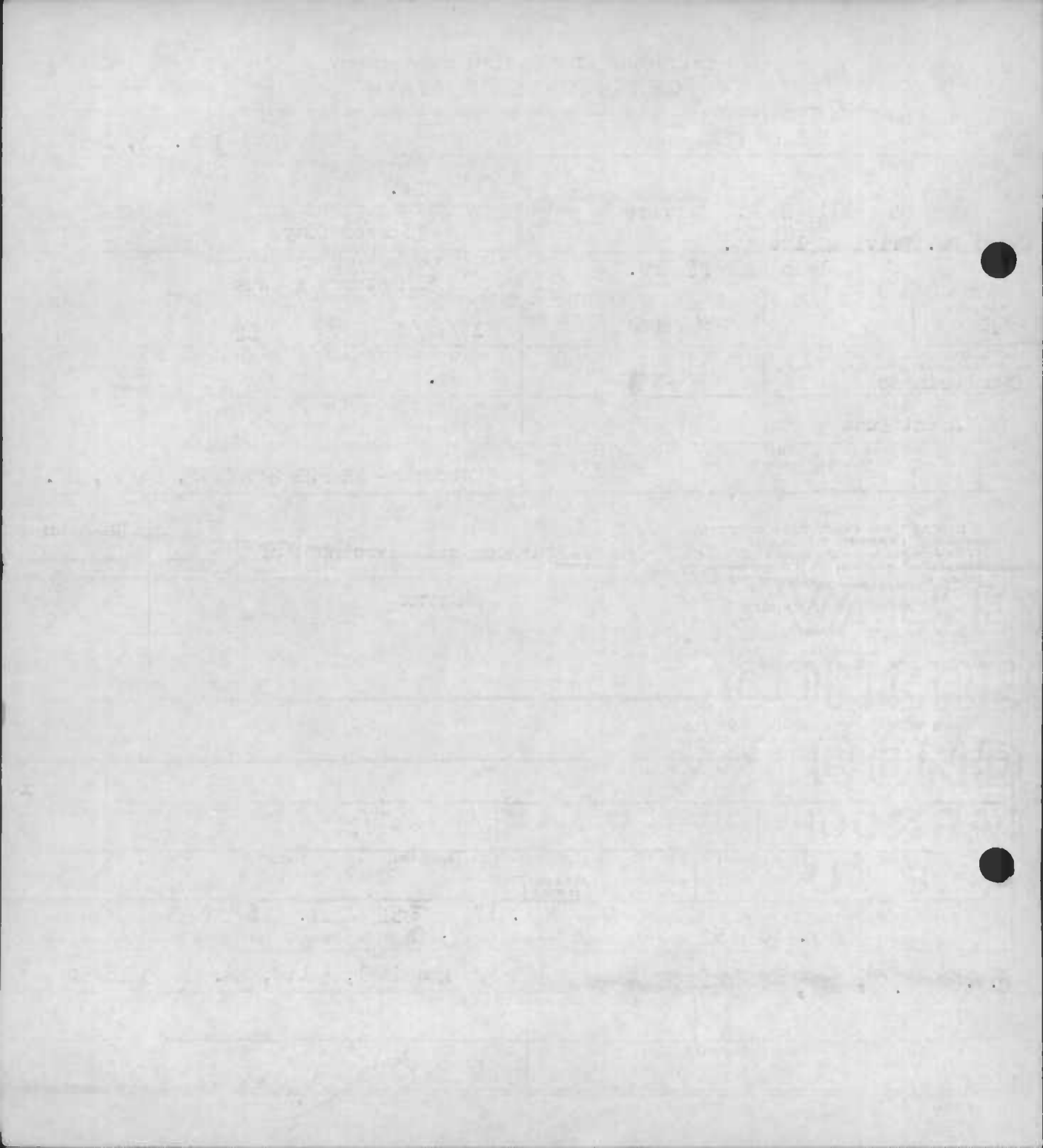
MAR 18 1952

Huntington Williams, MD 21208 221 Hilland 2323

VS 150

29064

MEDICAL CERTIFICATION



2 400
52 2675BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2675
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucindis Poole

2. DATE
OF
DEATH

3-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1011 McDonough St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1011 McDonough Street

C. Length of stay in Baltimore

26 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Martin Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

John Poole

ADDRESS

1011 McDonough St.

18. 421.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

(A)

Mitral Regurgitation

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Myocardial Degeneration

3 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1 - 3/14, 1952, to 3/14, 1952, that I last saw the deceased alive on 3-14, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Myer

M. D.

23B. ADDRESS

4510 Harbor Rd

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-18-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State)

A.A.A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

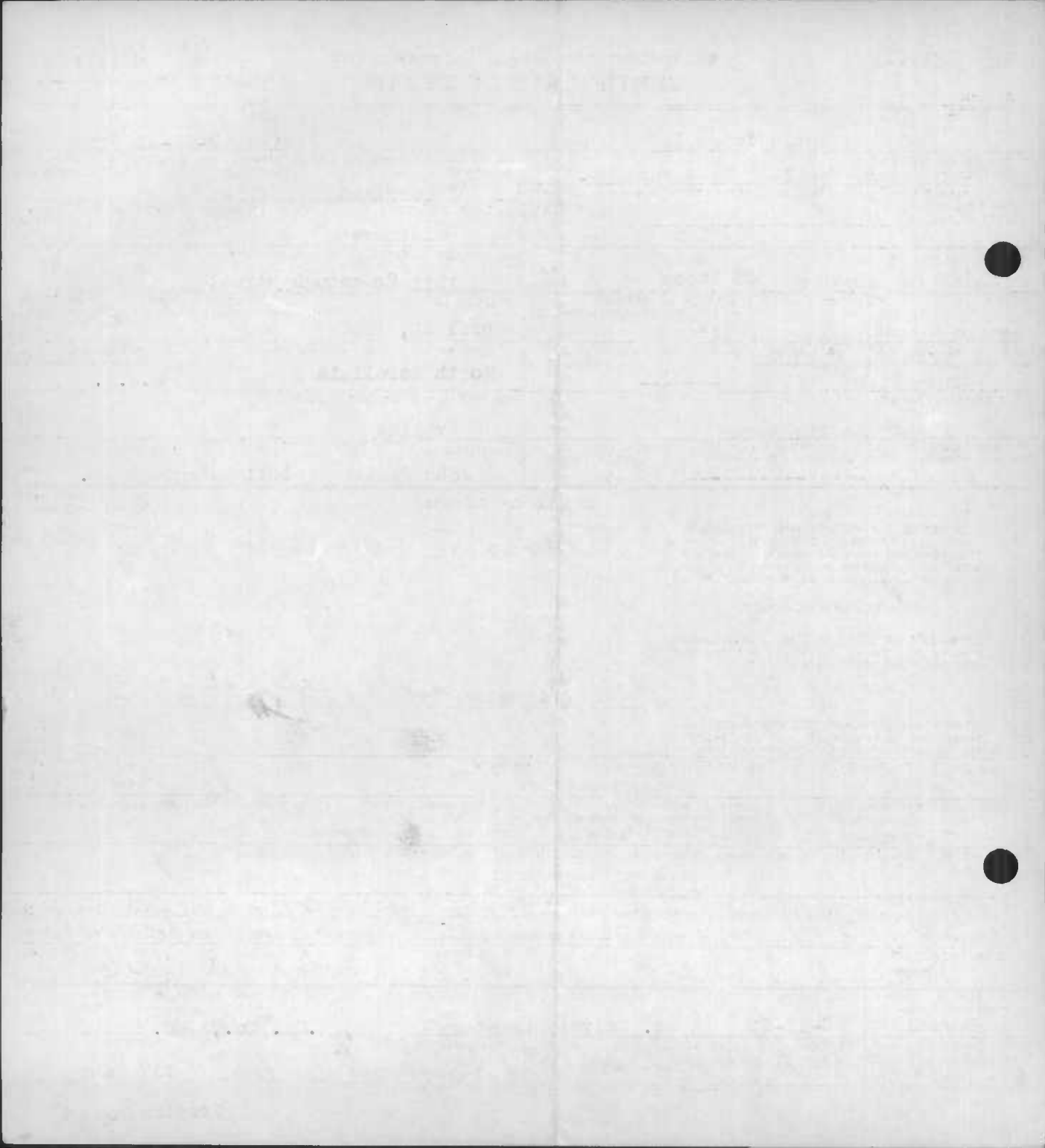
Huntington Williams

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 East



-634
52 2676

52 2676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH C. BORTLE

2. DATE
OF
DEATH

3/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSP. OF MD., INC.

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

—

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

—

—

16. SOCIAL
SECURITY NO.

—

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-06

D. STREET ADDRESS (If rural, give location)

3436 CHESTNUT AVE. #11

8. DATE OF BIRTH

FEB. 23, 1881

9. AGE (in years
last birthday)

71

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

T. KAVANAUGH

3436 CHESTNUT AVE.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) MYOCARDIAL INFARCTION, ACUTE
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

5 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CORONARY INSUFFICIENCY
DUE TO
(C)

1 YEAR

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16 1952 to 3/18 1952, that I last saw the
deceased alive on 3/18 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Ottobene

M. D.

23B. ADDRESS

Fithman Hosp.

23C. DATE SIGNED

3/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Ellicott City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. G. Hemmings, 3688-17 Lakehurst Ave

Chicago

Eastern District

RECEIVED

RECEIVED

IN A COURT OF LAW

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2677
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Samuel L. Walter Sr.

2. DATE

OF

DEATH

3-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Franklin Square

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.

Mos.

Days

Male

White

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1711 St. James St 19-02

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

INDUSTRY

Street Metal Worker - Air Cond.

13. FATHER'S NAME

Samuel L. Walter

14. MOTHER'S MAIDEN NAME

Annetta White Emma E. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

No

16. SOCIAL

SECURITY NO.

217-01-9266

17. INFORMANT

ADDRESS

Mrs. Carol K. O'Monick 6400 W. 11th St

CAUSE OF DEATH

18. 490X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held on _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Volovitz

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR

23C. DATE SIGNED

3-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar 18 1952

Landon Park

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1952

Huntington Williams, MD

X. 2111 Myrtle St. Baltimore, Md

VS 151

59124

1783

1783

Edward D. Smith

1783

520
52 2678

52 2678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

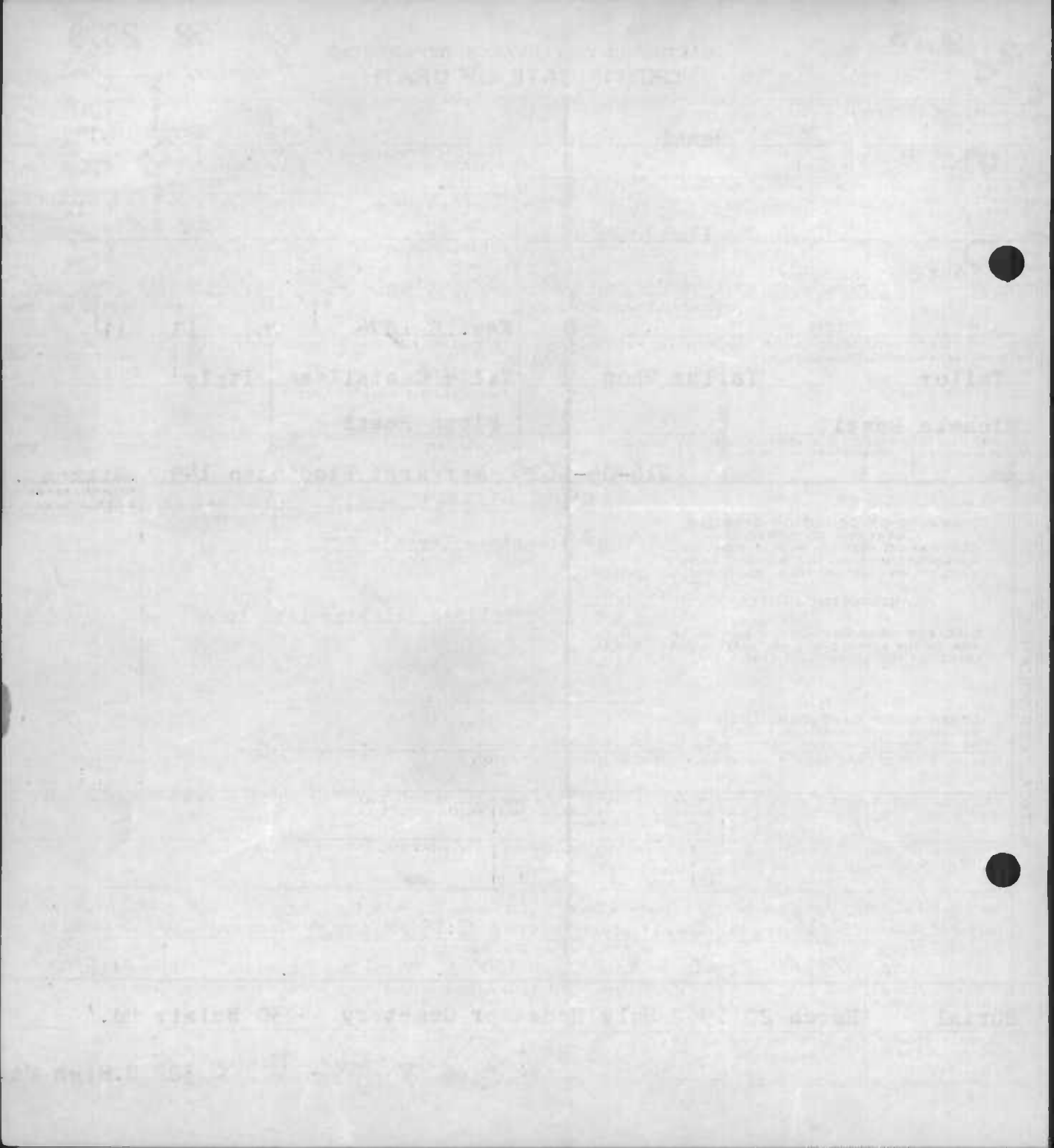
1. NAME OF DECEASED (Type or Print) Saverio Renzi			2. DATE OF DEATH March 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
D. LENGTH OF STAY IN BALTIMORE 44 yrs.			D. STREET ADDRESS (If rural, give location) 149 N. Milton St. #24		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Feb. 5 1876	9. AGE (In years last birthday) 76	10. UNDER 1 Year Months: Days 1 11
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Tailor			11. BIRTHPLACE (State or foreign country) Valle Castellana Italy		
10B. KIND OF BUSINESS OR INDUSTRY Tailor Shop			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Michelo Renzi			14. MOTHER'S MAIDEN NAME Flora Renzi		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 216-05-0625		
17. INFORMANT Margaret Piciotto			ADDRESS 149 N. Milton A.		

CAUSE OF DEATH

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio-sclerotic CVD		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO Generalized Arteriosclerosis		
(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3/16		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/16 , 19 52 , to _____, 19____, that I last saw the deceased alive on 3/16 , 19 52 , and that death occurred at 7:15 PM. , from the causes and on the date stated above.				
23A. SIGNATURE E. Paul Coffey Jr.		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED 3/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 20 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	FUNERAL DIRECTOR Francis Della Noce	
		ADDRESS 322 S. High St.	



8-262
52 2679
BIRTH NO. G 42557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2679

1. NAME OF DECEASED (Type or Print) Walter Joseph Eggers (Eggert)		2. DATE OF DEATH 3-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY Balto.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lansdowne	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2341 Monumental Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/28/1946
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 6
11. BIRTHPLACE (State or foreign country) Balto. md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Walter R. Eggers		14. MOTHER'S MAIDEN NAME Rita T. Krause	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter R. Eggers		2341 ADDRESS Monumental Ave	

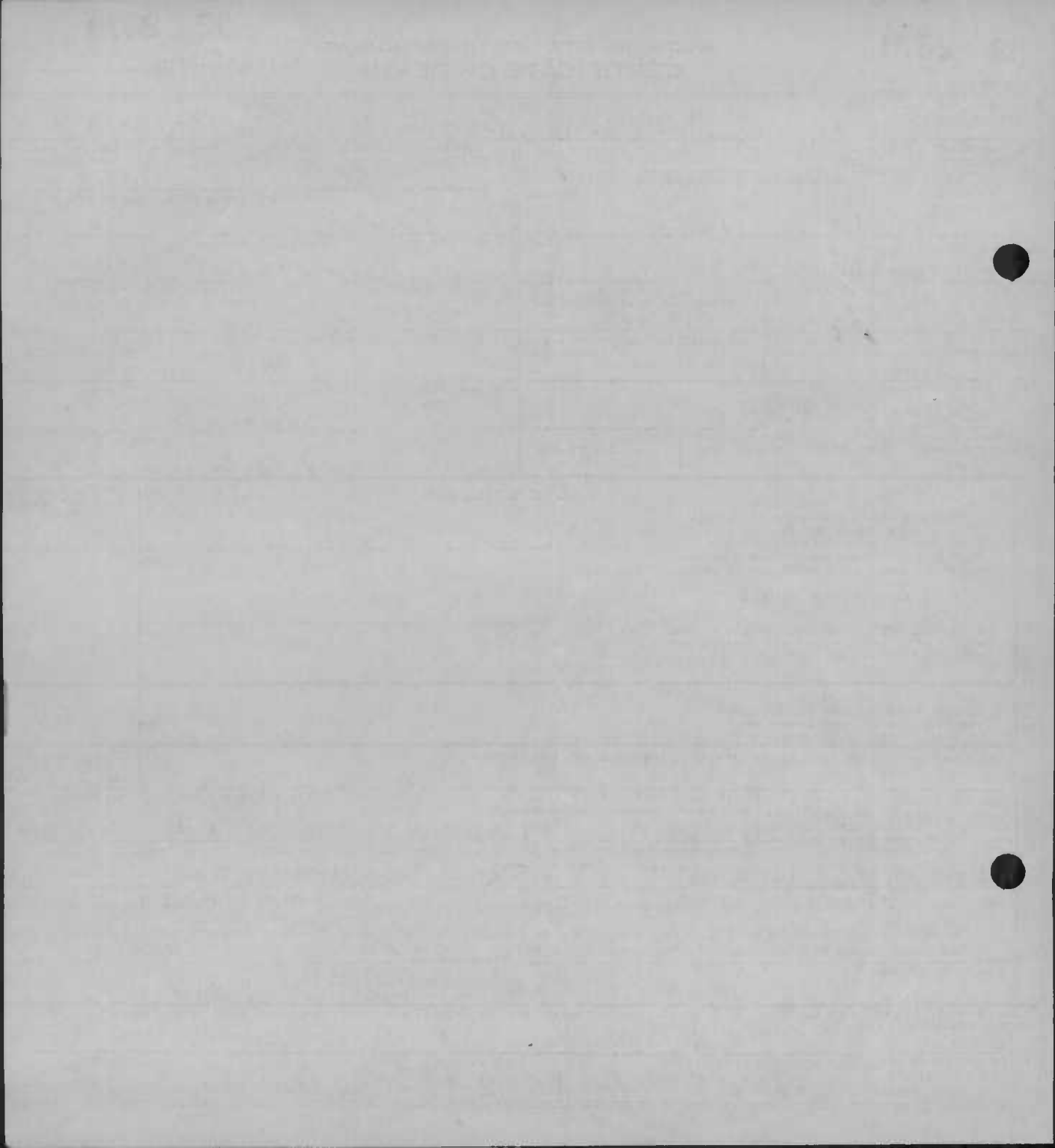
18. E812.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Skull Fracture		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2300 block Monumental Avenue, Lansdowne
21D. TIME (Month) (Day) (Year) (Hour) March 15, 1952 12:00 noon		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** over and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 3-16-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/19/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Balto. md.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William V. Smith	25. FUNERAL DIRECTOR 02 Box Inc. 1217 St. Paul St	ADDRESS
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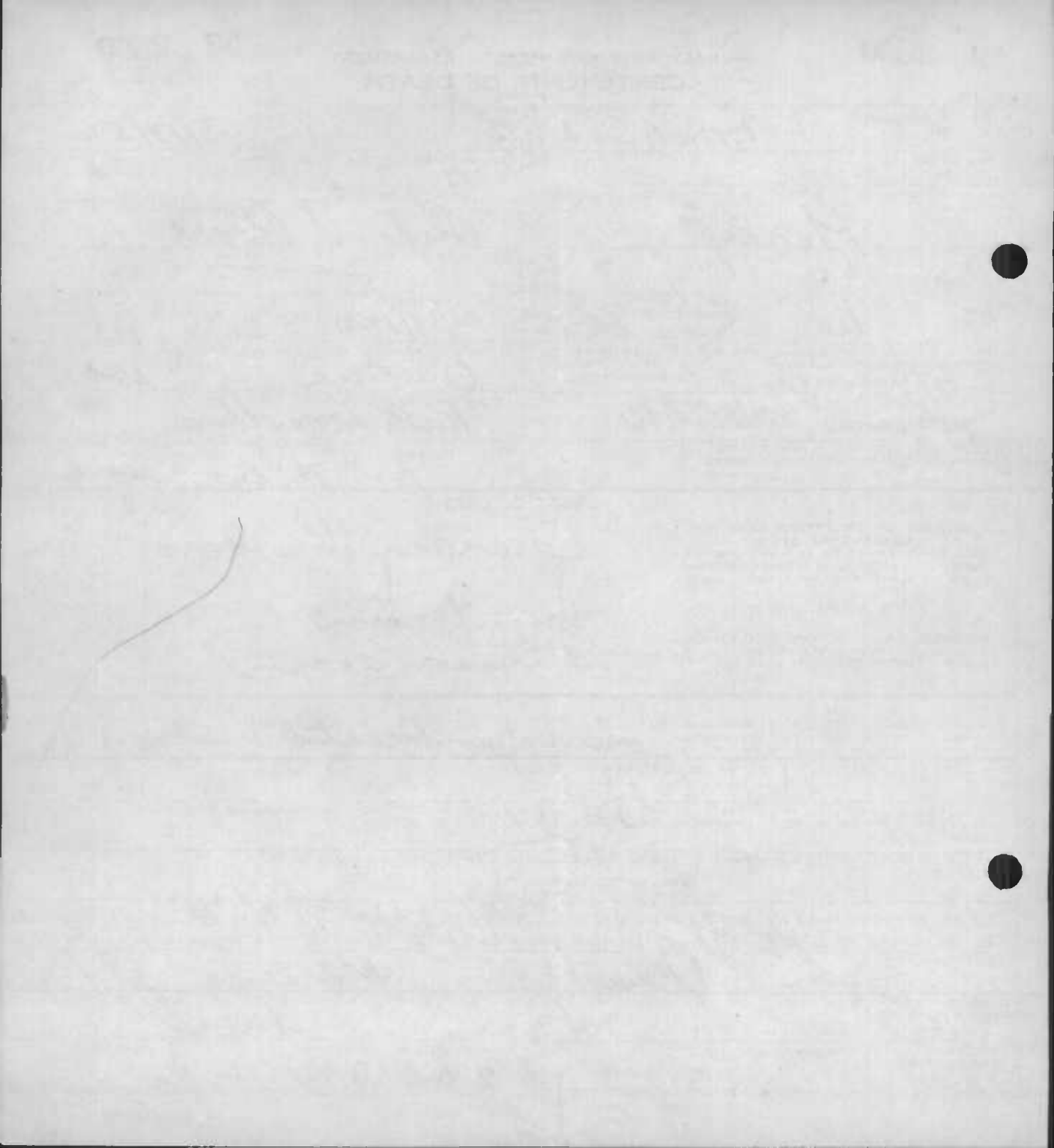
5-262
52 2680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2680
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Marie A. Schroth</i>		2. DATE OF DEATH <i>3/17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>32 Mercy</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Richard Beach</i>			
C. Length of stay in Baltimore <i>?</i> Yrs. <i>?</i> Mos. <i>?</i> Days		D. STREET ADDRESS (If rural, give location) <i>5200</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>11/14/1900</i>	9. AGE (in years, last birthday) <i>51</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Austria</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Johanne Milliker</i>		14. MOTHER'S MAIDEN NAME <i>Kathleen Hess</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Daughter</i> ADDRESS <i>same</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary thrombosis</i> DUE TO (B) <i>Hypertension & atherosclerosis</i> DUE TO (C) <i>old Intercardiac thrombosis 1 yr.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>day</i>			
19. DATE OF OPERATION		19A. MAJOR FINDINGS OF OPERATION <i>LDX</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/16/52</i> to <i>3/17/52</i> , that I last saw the deceased alive on <i>12:30 p.m.</i> and that death occurred at <i>12:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John R. Beckett</i>		23B. ADDRESS <i>Mercy</i>		23C. DATE SIGNED <i>3/17/52</i>	
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>3/20/52 Burial</i>		24B. DATE <i>3/20/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul</i>	
24D. LOCATION (City, town, or county) (State) <i>D. A. C. Md.</i>		25. FUNERAL DIRECTOR <i>102 E. 12th St. Paul &</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>AR 181052</i>		REGISTRAR'S SIGNATURE <i>...</i>		VS 150	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frederick J. Niebler

2. DATE
OF
DEATH

3/16/52 5 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1126 Gorsuch Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

9-02

D. STREET ADDRESS (If rural, give location)

1126 Gorsuch Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/5/1896

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY

Social Security

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter J. Niebler

14. MOTHER'S MAIDEN NAME

Mary Rising

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Geo. V. Niebler 1831 N. Chester St.

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

3 years.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/10*, 19*52*, to *3/16*, 19*52*, that I last saw the deceased alive on *3/10*, 19*52*, and that death occurred at *6 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum M. D.

23B. ADDRESS

1115 N. Calvert St.

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/52

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

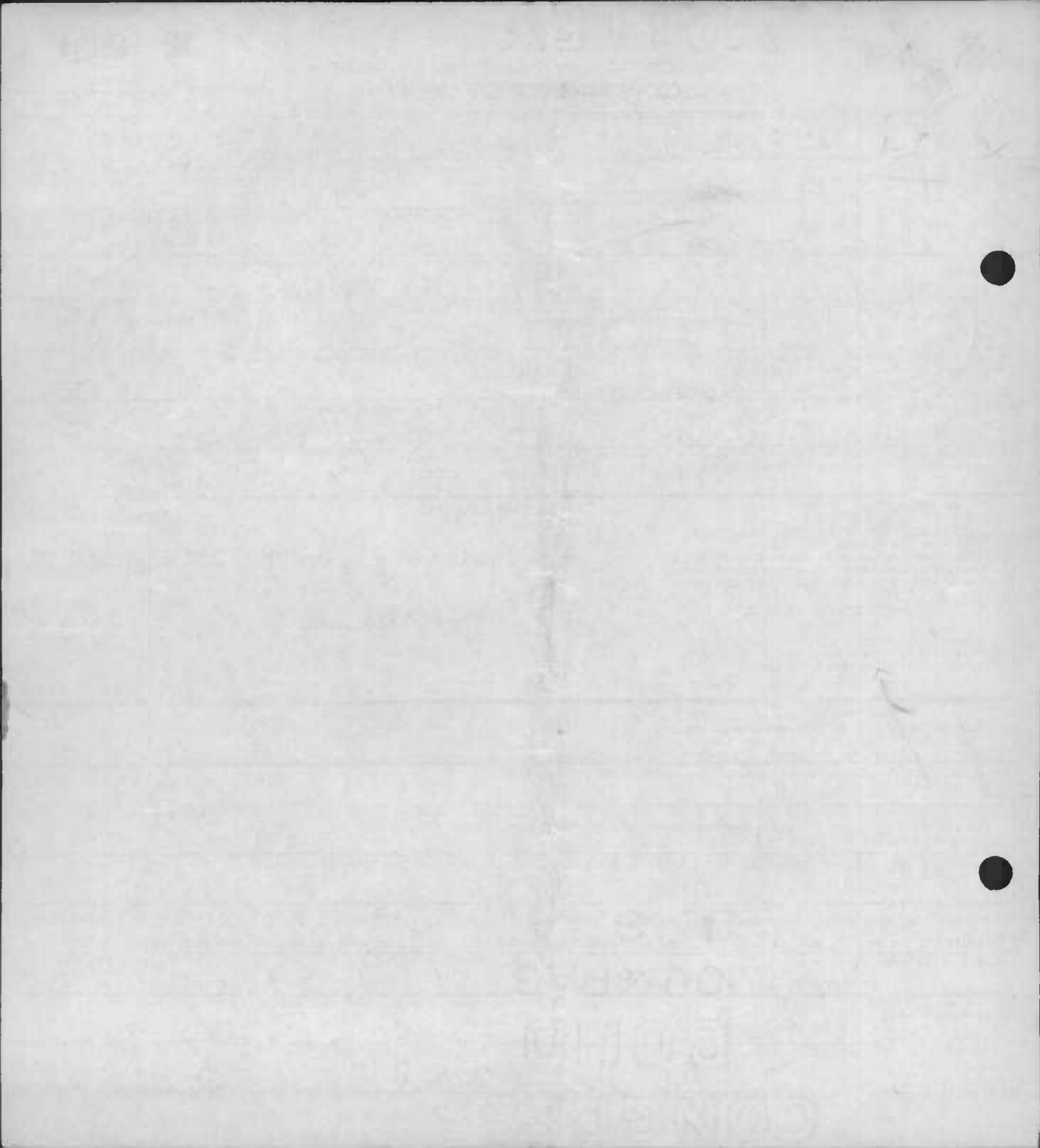
W. B. R. Inc. 1217 St. Paul St.

MAR 18 1952

VS 150

763 91

MEDICAL CERTIFICATION



K-254
52 2682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2682

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Kuszmaul

2. DATE
OF
DEATH

March 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

3324 Elmora Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-01

D. STREET ADDRESS (If rural, give location)

3324 Elmora Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 22, 1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William A. Kuszmaul

14. MOTHER'S MAIDEN NAME

Leah L. Tauney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mabel N. Kuszmaul, 3324 Elmora Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coccyary Thrombosis

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

same Sudden Death.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

no

21E. INJURY OCCURRED

WHILE AT ☐
WORK

NOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to 16 Mar, 1952 that I last saw the
deceased alive on 15 Mar, 1952, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

3/16/52

M. D.

23B. ADDRESS

3534 Ellerslie

23C. DATE SIGNED

3-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/20/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. C. Cook, Inc.

1217 St. Paul Street

MAR 18 1952

574 50

DEATH CERTIFICATE

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

E-641
52 2683

52 2683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George F. Erlbeck (Earlbeck)

2. DATE
OF
DEATH

March 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1763 E. North Avenue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 15, 1869

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Men's Clothing

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Erlbeck

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elsie Herr, 1763 E. North Avenue

1B. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Ruptured Sigmoid

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Ca of Sigmoid

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/14/52

19B. MAJOR FINDINGS OF OPERATION

Ruptured Carcinoma of Sigmoid

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/1951 to 3/15/1952, that I last saw the
deceased alive on 3/16/1952, and that death occurred at 1:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Mam Jueden M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/19/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county) (State)

Parkville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

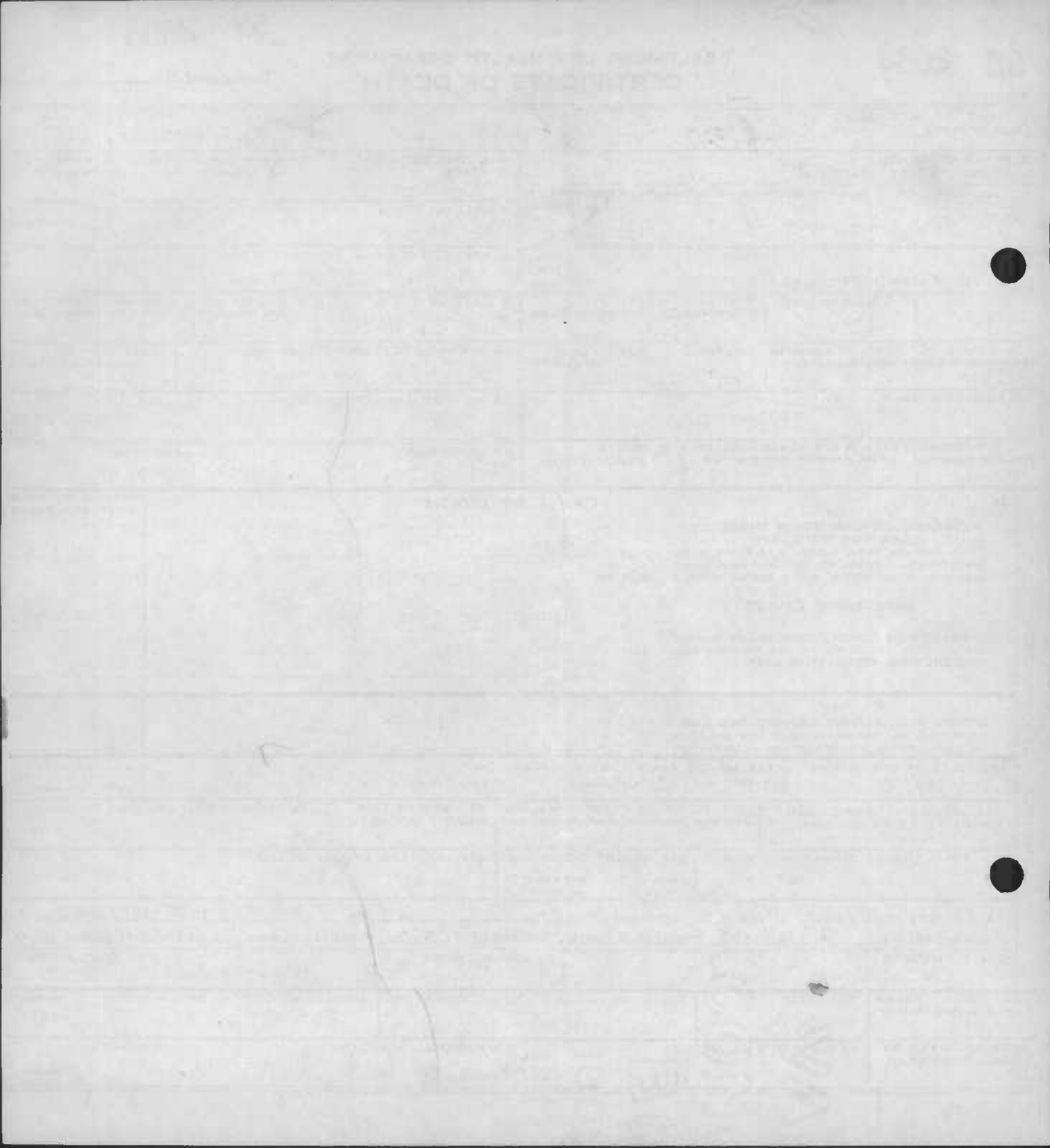
25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952

Wm. C. G. R. C.

1217 St. Paul Street



W 340
52 2684BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2684
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Chas. H. Whittle

2. DATE
OF DEATH

3/15/52 10:40 AM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

432 S. Chapel Gate Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/19/1879 72

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

W.M.R.R.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joshua T. Whittle

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

James E. Whittle 5441 15th Ave. Baltimore

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Tuberculosis 20 years

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to March 15, 1952, that I last saw the deceased alive on March 14, 1952, and that death occurred at 10:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joshua T. Whittle

23B. ADDRESS

M. D.

6 E. Biddle St

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/19/52

24C. NAME OF CEMETERY OR CREMATORY

Asbury M. E.

24D. LOCATION (City, town, or county)

Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

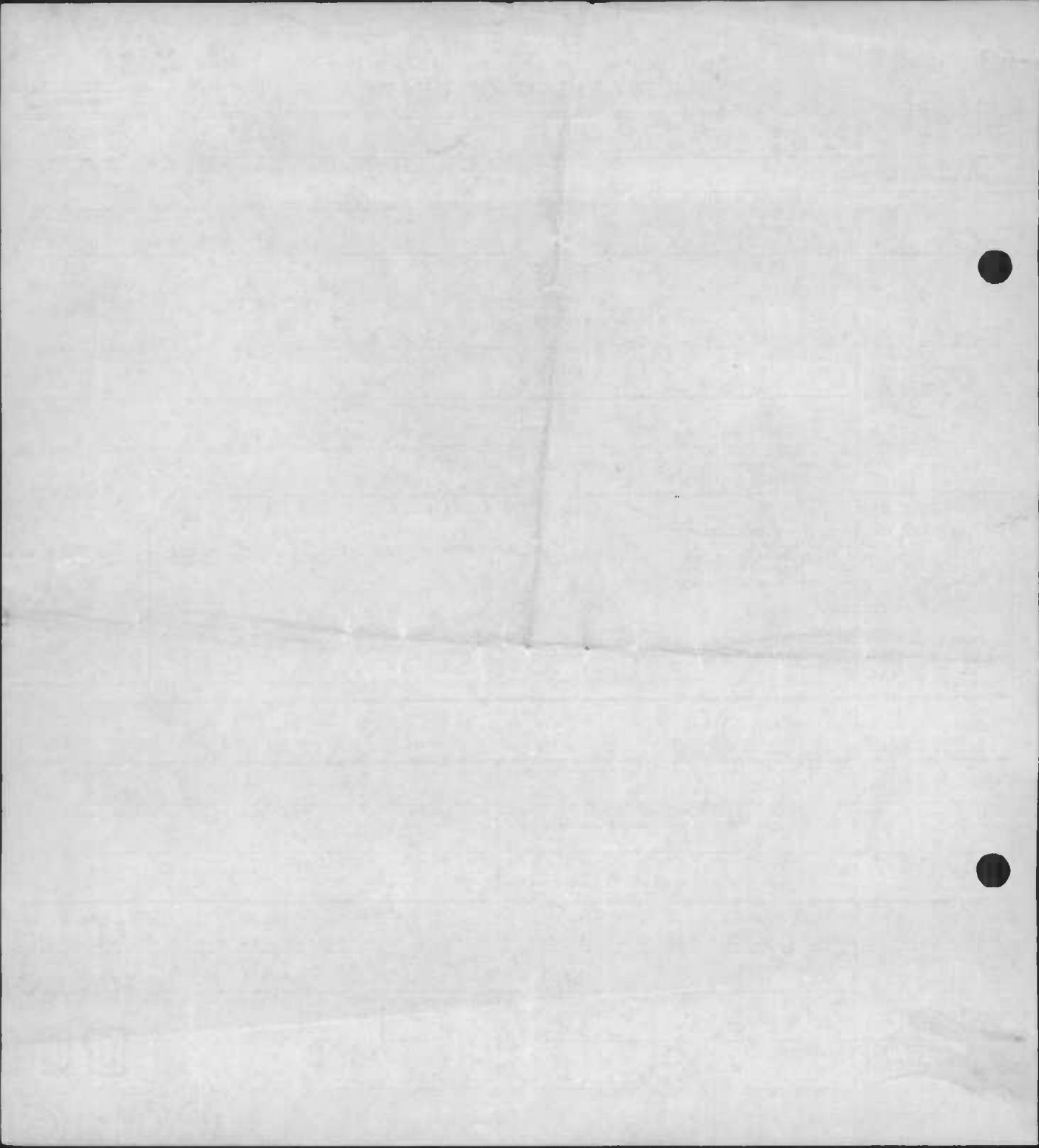
REGISTRAR'S SIGNATURE

John T. Williams

25. FUNERAL DIRECTOR

ADDRESS

W. B. B. Inc. 1217 St. Paul St.



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMERSON

J.

WILCOX

2. DATE

OF

DEATH

March 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Oregon

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Portland

D. STREET ADDRESS (If rural, give location)

6014 N.E. Rodney Avenue

Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

JUNE 30, 1898

9. AGE (In years last birthday)

56

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant Seaman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

KANSAS

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John K. Wilcox

14. MOTHER'S MAIDEN NAME

UNKNOWN Carrie Olivia Langworthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

552-22-5048

17. INFORMANT

J.P. Finley & Sons

ADDRESS

432 S.W. MONTGOMERY ST. PORTLAND, ORE.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

24B. DATE

3-18-52

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE - MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 10 1952

V.S. 151

673 55

MEDICAL CERTIFICATION

1931

225-55-522

2452 2686

52 2686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edith Thomas MARY BESSIE DAILEY THOMAS		2. DATE OF DEATH 3-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. Md.	
6. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 624 E 28th St 9-04	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 7/24/187
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Edward White	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Updegraff		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 3-16-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 15	24C. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	24D. LOCATION (City, town, or county) Md	(State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs. Edith A. Elliott & Son 1109 1/2 Caroline St.		

K-425-
52 2687

52 2687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Kulczynska (MACIOCH)

2. DATE
OF
DEATH

March 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

HOSPITAL OR

DECEASED

St. Joseph's

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 S. Ann St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female

White

Single

November 5, 1898

53

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Charwoman

N. W. Police Station

Baltimore

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John Kulczynski

Rose Skonieczna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Kulczynski, 509 S. Ann Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Possible myocardial infarction

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK AT WORK22. I hereby certify that I attended the deceased from March 17, 1952 to March 17, 1952, that I last saw the
deceased alive on March 17, 1952, and that death occurred at 10:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Mar. 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/20/52

St. Stanislaus

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

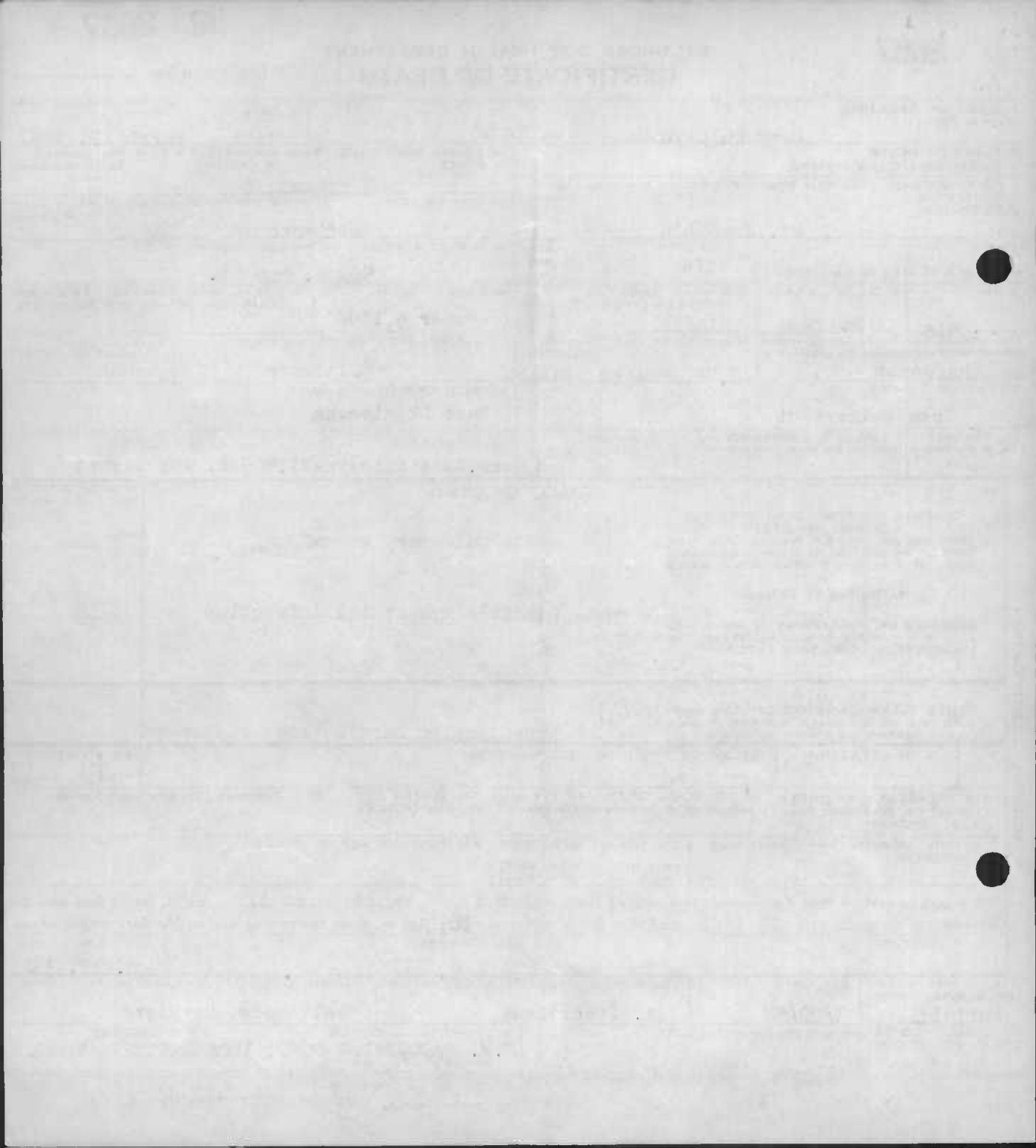
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M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE

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Charles W. Sadowski



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412
52 2689BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2689
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Amelia M. Twelbeck

2. DATE
OF
DEATH 3/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3502 Edgewood Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 15-11

D. STREET ADDRESS (If rural, give location)

3502 Edgewood Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWER, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 5, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. I.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

--- Jordan

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John G. Twelbeck, 3502 Edgewood Rd

18. 290.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Permeous Anemia
Coronary Insufficiency11/1-51
3/15-52II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1-1951, to 3/15-1952, that I last saw the
deceased alive on 3/15-1952 and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 19/52 Lorraine Pk.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

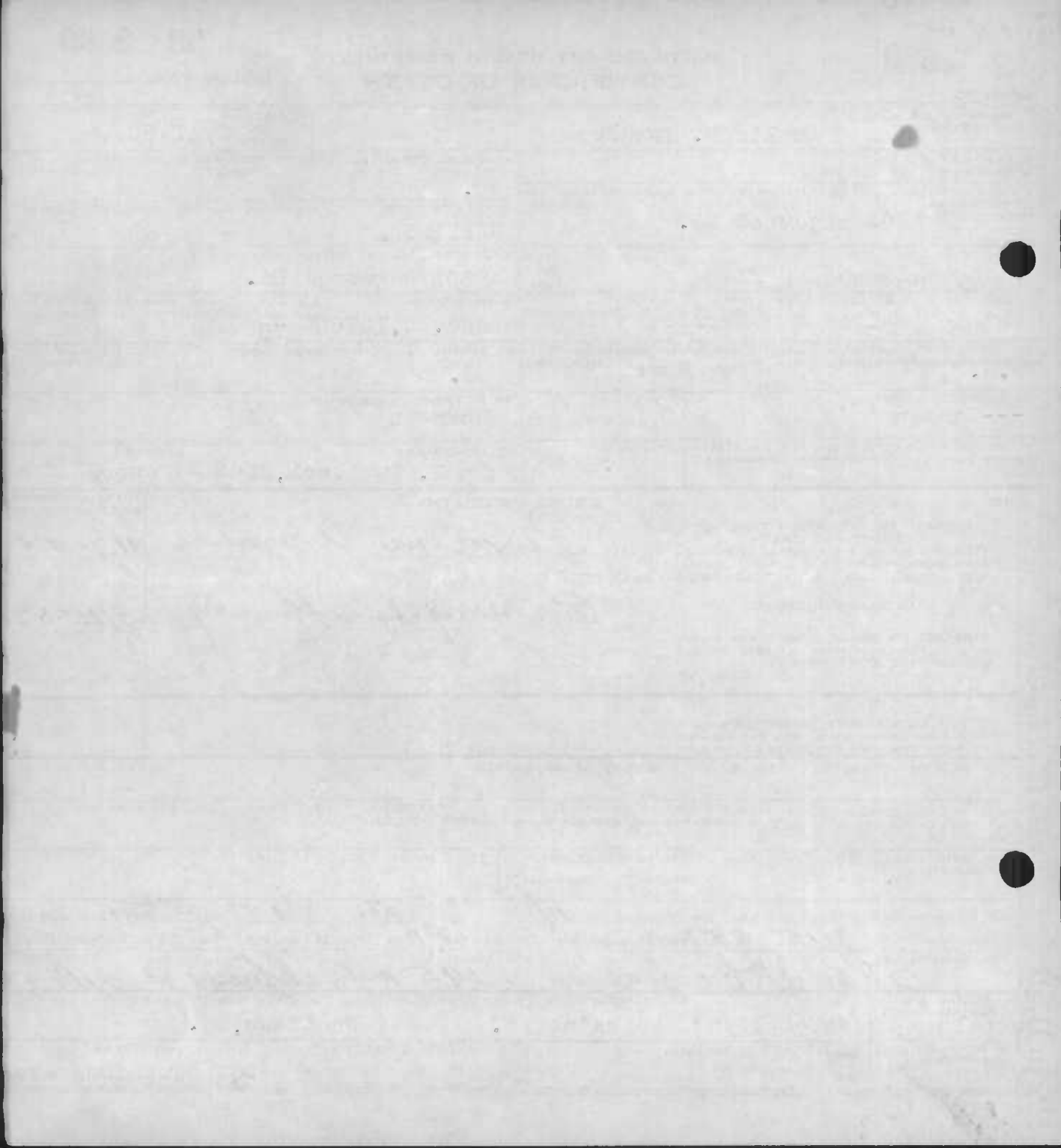
25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1952

Huntington Williams, 4101 Edmondson Ave

4101 Edmondson Ave



7-250
52 2690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2690
Registered No.

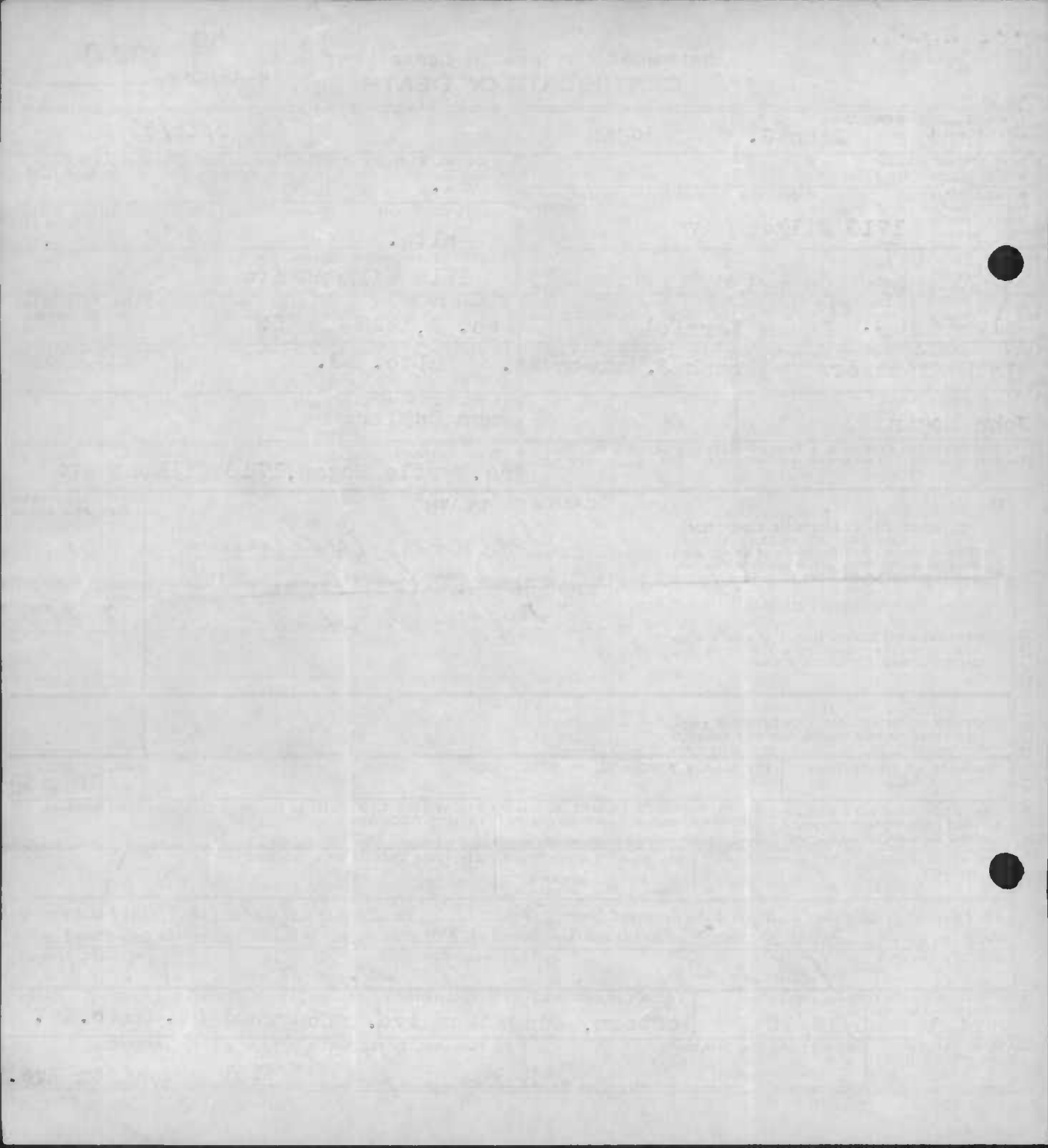
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John J. Hogan			2. DATE OF DEATH 3/15/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) 1710 Wilkens Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1710 Wilkens Ave		
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1892	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cloth Examiner			10B. KIND OF BUSINESS OR OCCUPATION Frank J. Hansen		
11. BIRTHPLACE (State or foreign country) Balto. Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Hogan			14. MOTHER'S MAIDEN NAME Anna Gaylord		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Myrtle Hogan			ADDRESS 1710 Wilkens Ave		

MEDICAL CERTIFICATION

18. 481X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Arteriosclerosis DUE TO Influenza DUE TO Influenza DUE TO	CAUSE OF DEATH Cerebral Arteriosclerosis Influenza Influenza	INTERVAL BETWEEN ONSET AND DEATH 1 yr. 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3/19/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 13 , 19 52 , to Mar 15 , 19 52 , that I last saw the deceased alive on Mar 15 , 19 52 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Williams		23B. ADDRESS 1711 Selma Ave		23C. DATE SIGNED 3-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/52		24C. NAME OF CEMETERY OR CREMATORY Western, Edmondson Ave. & Longwood St. Balto. Md.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 4101 Edmondson Ave.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2691**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

**Zander
VANDER**

2. DATE
OF
DEATH

March 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

3219 E. Fairmount Avenue

Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

6-1-1908

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Motor

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Zander

14. MOTHER'S MAIDEN NAME

Mary Jankiewicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

3219

Mrs. Theresa Zander 3219 E. Fairmount Av

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Subdural Hemorrhage**

DUE TO **Fractured Skull**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

319 E. Fairmount Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3/8/52

21E. INJURY OCCURRED

A. m.

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell down stairs, second to first

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Folsom

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

3/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify):

Burial

24B. DATE

3-20-1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams R. John D. Moran

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.

V S 151

N-802

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MEDICAL CERTIFICATION

1000

STATION OF

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2692

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary J. Roberts

2. DATE
OF
DEATH

March 16th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 706 Springfield Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-10

D. STREET ADDRESS (If rural, give location)
706 Springfield Ave.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-21-1869

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Saxton

14. MOTHER'S MAIDEN NAME

Mary R. Armour

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-07-7394

17. INFORMANT

ADDRESS

Mrs. Edward D. White 706 Springfield Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial degeneration

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

1 yr.

(C) Generalized arteriosclerosis

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to March, 1952, that I last saw the deceased alive on Mar 6, 1952, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Fredrick J. Vallmer

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

Mar 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-19-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stephen A. Moran

ADDRESS

300 E. Baltimore St.

MAR 18 1952

VS 150

MEDICAL CERTIFICATION

1885

1885

1885

1885

1885



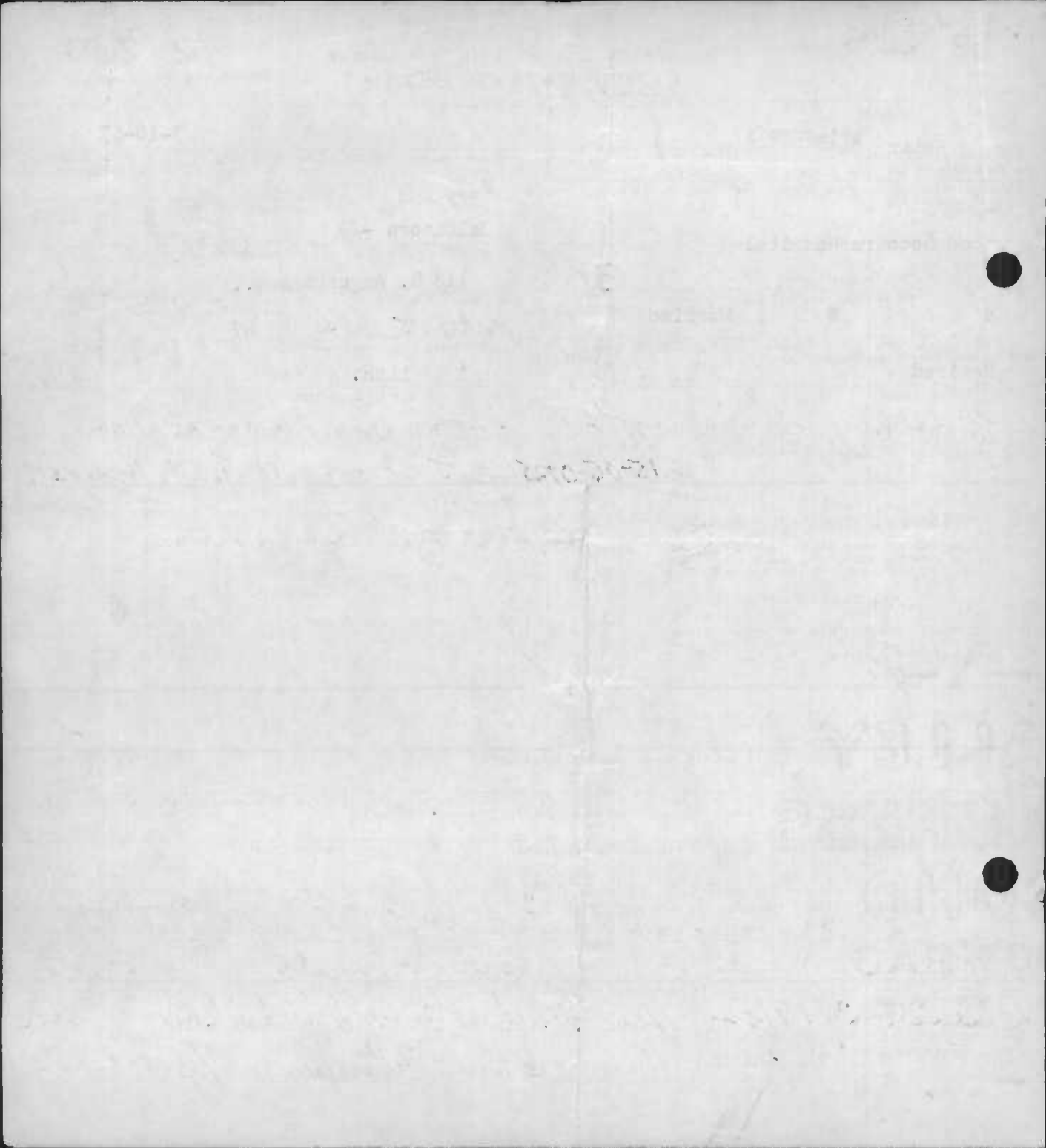
VV 25-2
52 2693

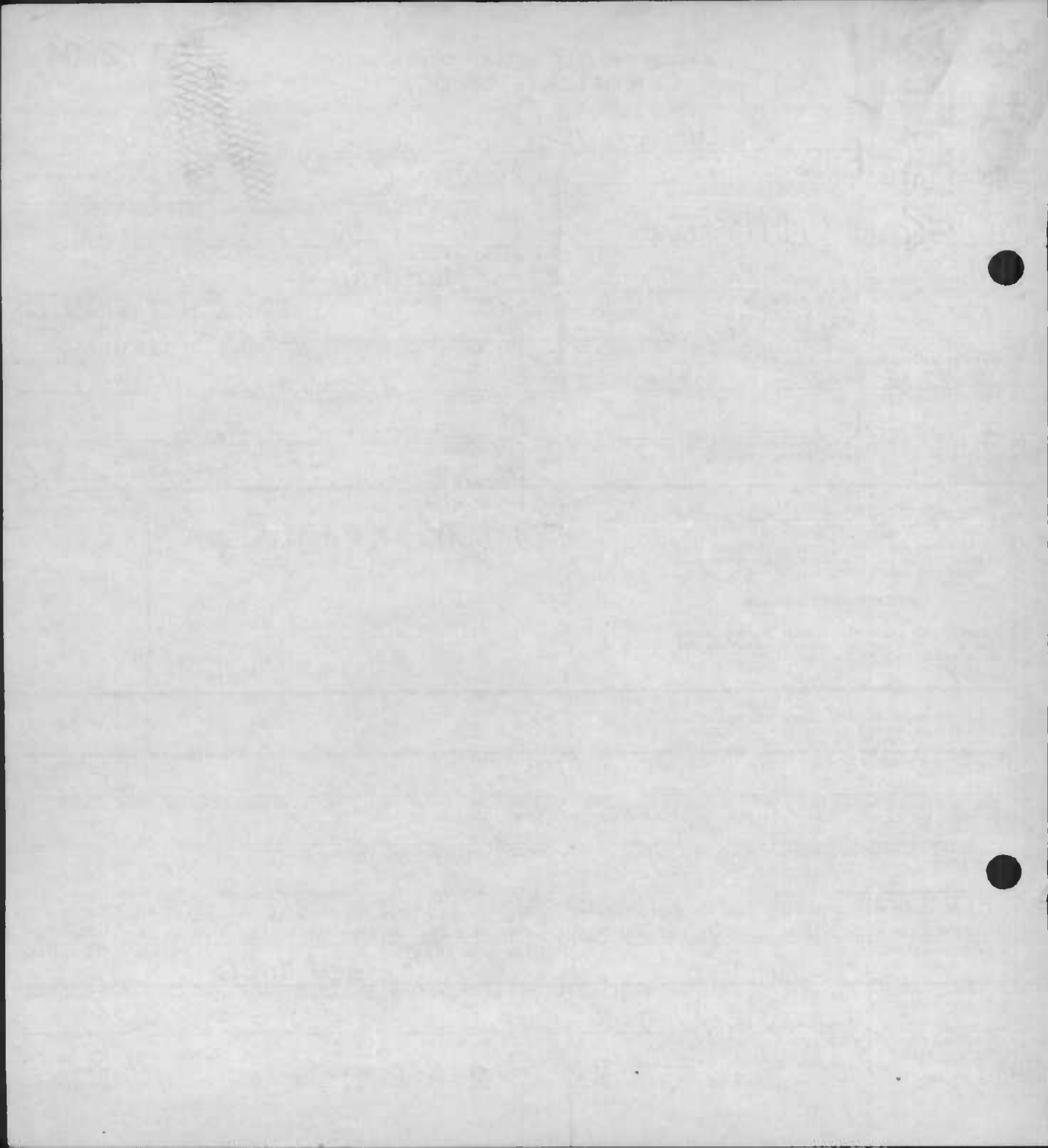
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2693
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Peter Weisengoff		2. DATE OF DEATH 3-16-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore -29			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore -29			
Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 118 S. Augusta Ave.,			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1884	9. AGE (in years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Tailor		11. BIRTHPLACE (State or foreign country) Lithuania	
13. FATHER'S NAME Matthew Weisengoff		14. MOTHER'S MAIDEN NAME ALEXANDRA RAMANUSKAS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-05-0925		17. INFORMANT ADDRESS Leo J Weisengoff 703 McHenry St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial Infarction		CAUSE OF DEATH (A) myocardial Infarction DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-16 , 19 52 , to 3-16 , 19 52 , that I last saw the deceased alive on 3-16 , 19 52 , and that death occurred at 5:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Juan Mendez		23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 3-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 3/19/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem. Old Frederick Rd	
24D. LOCATION (City, town, or county) (State) Md		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 703 McHenry St.	

5906E





13-652
52 2695

52 2695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS ROY BROWN <i>Tom Brown</i>		2. DATE OF DEATH May 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ready 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore <i>11-03</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 702 Caroline St	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-20-01
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Shipyards	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Brown		14. MOTHER'S MAIDEN NAME Elizabeth Lichler ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho Pneumonia (A) DUE TO	CAUSE OF DEATH Broncho Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastatic Carcinomatosis (B) DUE TO Carcinoma of Prostate (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov 16 1951	19B. MAJOR FINDINGS OF OPERATION Bilateral Adrenalectomy	20. AUTOPSY? YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 11**, 1951, to **May 16, 1952** and that I last saw the deceased alive on **May 16, 1952** and that death occurred at **90** m., from the causes and on the date stated above.

23A. SIGNATURE H. A. Mark	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 3/17/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-20-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore City
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DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR 4022 21st St. Hermsley & Biddle	ADDRESS 378
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MEDICAL CERTIFICATION

RECEIVED

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52 2696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2696
Registered No.

BIRTH NO.		PAUL MAX BRANDHUBER		2. DATE OF DEATH 3-16-52	
1. NAME OF DECEASED (Type or Print)				3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2603 West Fayette Street				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 2603 West Fayette Street	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1873		9. AGE (in years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Eng.		10B. KIND OF BUSINESS OR INDUSTRY U.S. Industrial Chem.		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Edward Brandhuber			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. C. Kron-2603 W. Fayette St.		
18. 581.0 and 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Portal Cirrhosis with Hepatic & Acute Inflammatory Reaction Etiology Undetermined Acute Possibly Malignant				INTERVAL BETWEEN ONSET AND DEATH 12/20/51	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO DUE TO				II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION Liver Biopsy		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/15, 1952, to 3/16, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Charles W. Calm		23B. ADDRESS 2145 W. Baltimore St.		23C. DATE SIGNED 3/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-19-52		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Wiedefeld & Son		ADDRESS GREENMOUNT AVE & 22ND	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams			

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100 2 SE

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side. Some words like "Cottonwood" and "Pine" are faintly visible.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2697
Registered No.

BIRTH NO. 52 2697

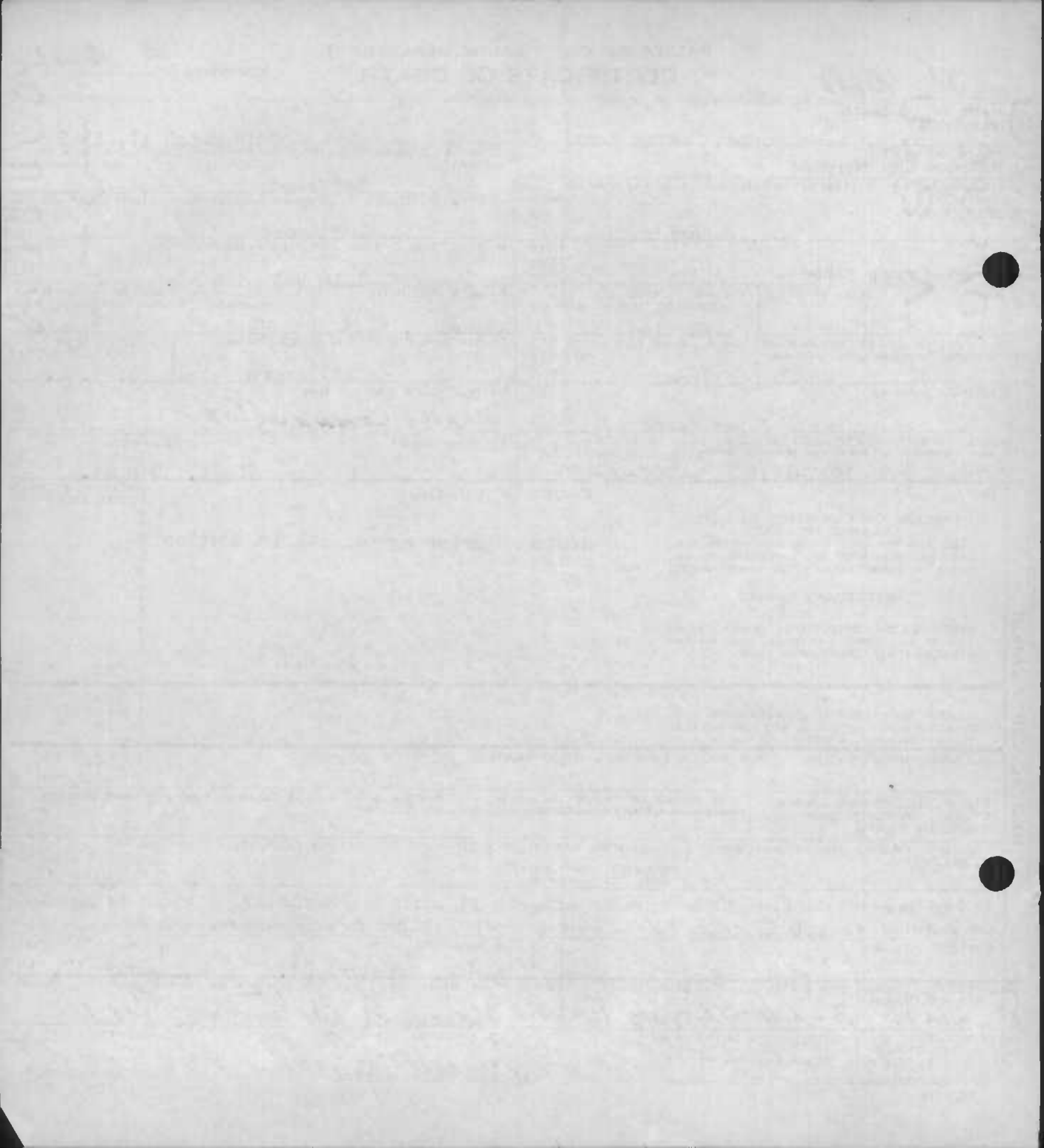
1. NAME OF DECEASED (Type or Print) Burns, George Luke			2. DATE OF DEATH March 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1210 Holbrook St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 7, 1893		9. AGE (in years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Burns			14. MOTHER'S MAIDEN NAME MARY CONNOR		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 1917-1919		16. SOCIAL SECURITY NO. 705-05-4917	17. INFORMANT Wife		ADDRESS 702 E. 30th St.

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute anterior myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute anterior myocardial infarction		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION March 17, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **March 17, 1952** to **March 17, 1952**, that I last saw the deceased alive on **March 17, 1952** and that death occurred at **2:10pm.**, from the causes and on the date stated above.

23A. SIGNATURE George W. Williams		23B. ADDRESS 1100 N. Caroline St.	23C. DATE SIGNED March 17, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-20-52	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE National Baltimore Md	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR James W. Conklin 924 E. Eager St	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. 52-05986

1. NAME OF DECEASED
(Type or Print) Baby Girl Oliver

2. DATE OF DEATH 3-15-52

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE md. b. COUNTY _____

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-03

University of Maryland

d. STREET ADDRESS (If rural, give location)
1129 Mount St.

Length of stay in Baltimore 40 minutes

5. SEX F 6. COLOR OR RACE N 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 3-15-52 9. AGE (In years last birthday) 40 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Newborn

11. BIRTHPLACE (State or foreign country) University Hosp. of Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
Sammy Oliver

14. MOTHER'S MAIDEN NAME
Mildred Madeline Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
Mildred Oliver - 1129 Mount St.

18. 761.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Cerebral anoxia
DUE TO Premature separation of placenta

40 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) Maternal hypertension unknown

2 hrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

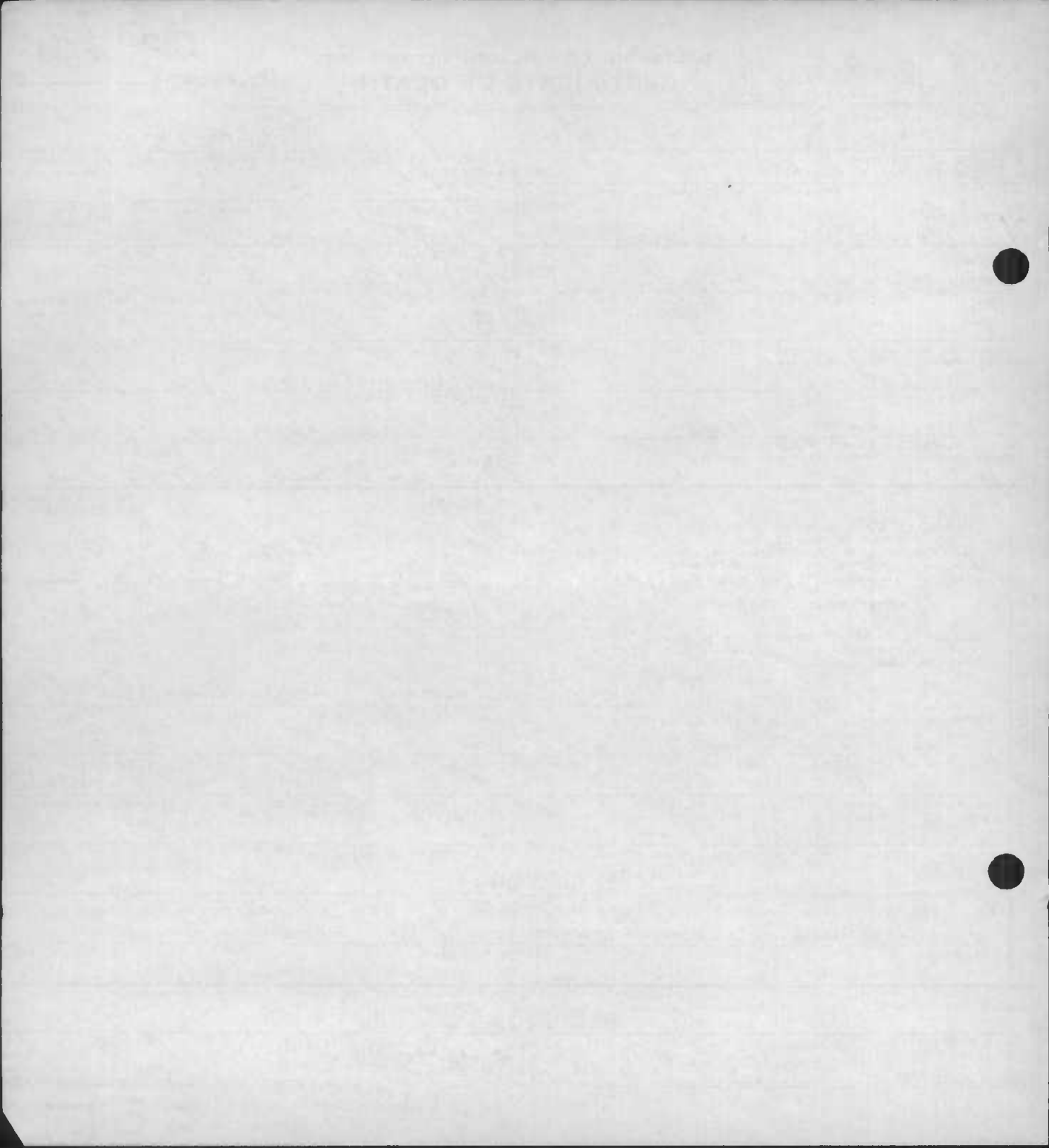
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 15, 1952 to March 15, 1952 that I last saw the deceased alive on March 15, 1952 and that death occurred at 10:53 pm. from the causes and on the date stated above.

23a. SIGNATURE JW Newman 23b. ADDRESS Univ. Hosp. 23c. DATE SIGNED 3-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL 24d. LOCATION (City, town, or county) MAR 18 1952 (State) _____

DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952 REGISTRAR'S SIGNATURE Huntington Williams, Jr. 25. FUNERAL DIRECTOR Commissioner of Health ADDRESS _____



52 2699

BALTIMORE CITY HEALTH DEPARTMENT

52 2699

BIRTH NO. 52-04334

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)Boyer
Baby girl Boyer2. DATE
OF
DEATH

3/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1108 N. Carrollton

C. Length of stay in Baltimore

18

Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/25/52

9. AGE (In years)

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Boyer

14. MOTHER'S MAIDEN NAME

Geraldine Mackell

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Geraldine Boyer

18. 570.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal obstruction

DUE TO

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) fecal impaction

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1952, to 3/14, 1952, that I last saw the deceased alive on 3/13, 1952, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Furman

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

3/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1952

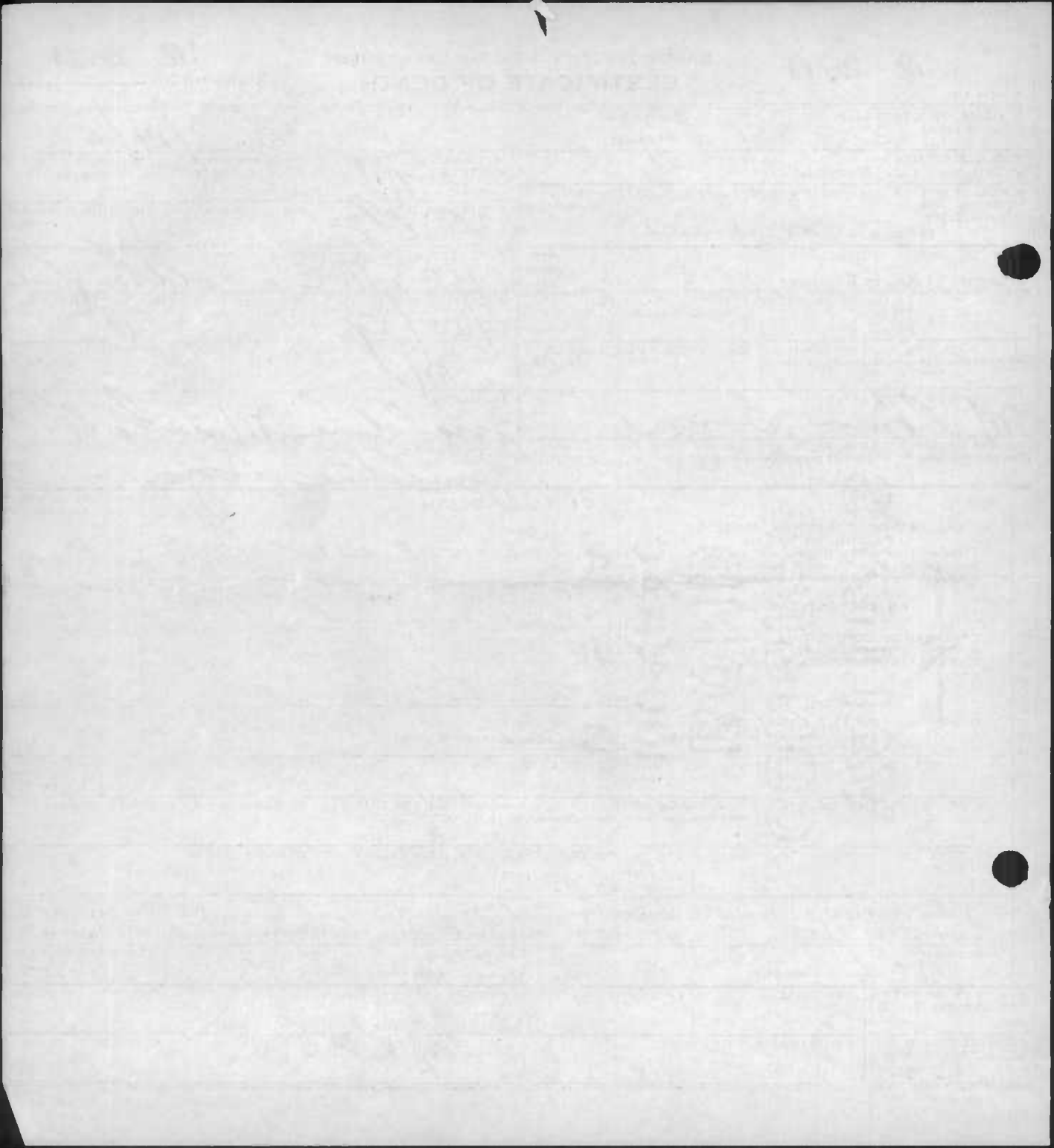
Huntington Wilkins, Jr.

John Hopkins Medical School

MAR 18 1952

Baltimore City Health

1753



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52 2700

BALTIMORE CITY HEALTH DEPARTMENT

52 2700

BIRTH NO. 52-05902

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Baby GARNER		2. DATE OF DEATH 3/14/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY - Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL FOR WOMEN OF MARYLAND.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 2 hrs - 25 min		d. STREET ADDRESS (If rural, give location) 8100 Liberty Road.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3/14/52
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 2 Yrs. 25 Mos. Days	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JAMES L. GARNER		12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		14. MOTHER'S MAIDEN NAME Charlene Hubbard CARTER	
16. SOCIAL SECURITY NO.		17. INFORMANT Mother	
18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY - 28 wks DUE TO Premature Rupture of the Membranes + Separation of the Placenta. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 25 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8:30 PM 3/14/1952 to 10:55 PM 3/14/1952 that I last saw the deceased alive on 10:55 PM 3/14/1952 and that death occurred at 10:55 PM , from the causes and on the date stated above.			
23a. SIGNATURE Perry D. Powell Jr.		23b. ADDRESS HOSPITAL FOR WOMEN OF MARYLAND Baltimore MD.	
23c. DATE SIGNED 3/14/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.	
25. FUNERAL DIRECTOR 2 6 Commissioner of Health		ADDRESS	

MEDICAL CERTIFICATION

JOHN HOPKINS MEDICAL SCHOOL MAR 18 1952

1912

WEDNESDAY

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

2-10-12

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

FROM THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

SUBJECT: [Illegible]

No.	Name of Plant	Date of Collection
1	[Illegible]	[Illegible]
2	[Illegible]	[Illegible]
3	[Illegible]	[Illegible]
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355
AB-153927BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

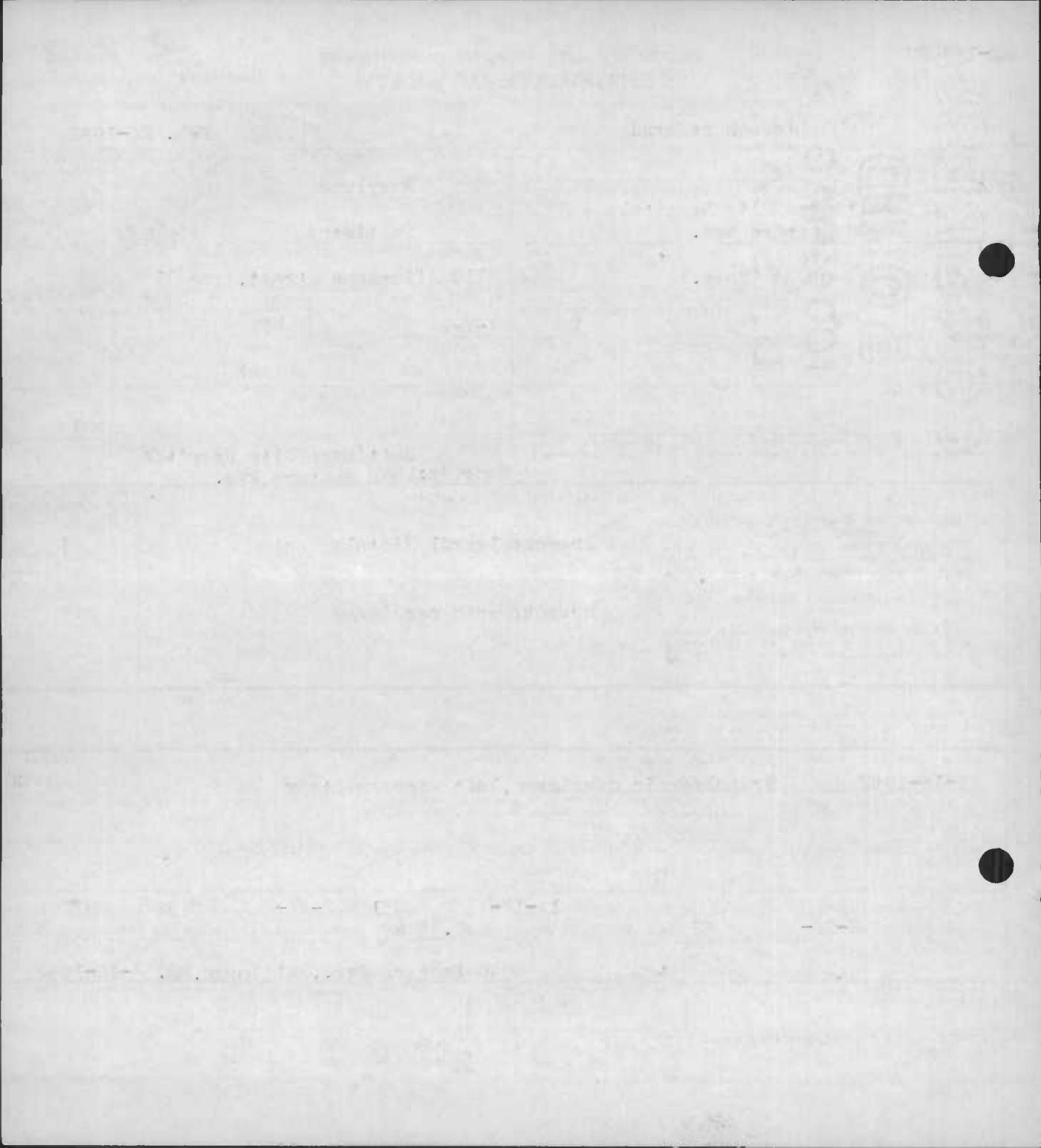
Registered No.

BIRTH NO.

52 2702

52 2702

1. NAME OF DECEASED (Type or Print) Joseph Redmond		2. DATE OF DEATH Feb. 20-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-04	
C. Length of stay in Baltimore 3mos.1 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2110 Aliceanne Street, zone 31	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH ?-?-?
9. AGE (In years last birthday) 48?		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		ADDRESS	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopleural fistula DUE TO (B) Bronchogenic carcinoma DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH ?			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 1-15-1952		19B. MAJOR FINDINGS OF OPERATION Bronchogenic carcinoma, left Pneumonectomy	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-14 , 19 51 , to 2-20 , 19 52 that I last saw the deceased alive on 2-20 , 19 52 , and that death occurred at 3.35 Am. , from the causes and on the date stated above.			
23A. SIGNATURE E. J. Brown		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 3-10-1952			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) MAR 17 1952	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR 2 Commissioner of Health		ADDRESS	



L-2550

AB-137927

52 2703

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		Sina Lassen		2. DATE OF DEATH		Feb. 22-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.				A. STATE Maryland			
C. Length of stay in Baltimore				B. COUNTY			
29yrs.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12			
D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Ave.				D. DATE OF BIRTH			
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (in years last birthday) 81	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Denmark		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jeff Kefoid				14. MOTHER'S MAIDEN NAME Marie Jensen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Coronary Thrombosis, probable DUE TO		INTERVAL BETWEEN ONSET AND DEATH Under 1hr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-9-1950, to 2-22-1952 that I last saw the deceased alive on 2-22-1952, and that death occurred at 9:05P. m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Brown		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-10-1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
MAR 19 1952		Huntington Williams, M.D.		JOHN HOPKINS MEDICAL SCHOOL		MAR 17 1952	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
				Commissioner of Health			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2704

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REESE

K.

WILLIAMS

2. DATE
OF
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Baltimore City Morgue

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-01

D. STREET ADDRESS (if rural, give location)

610 N. Calvert Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

84

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dubach M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

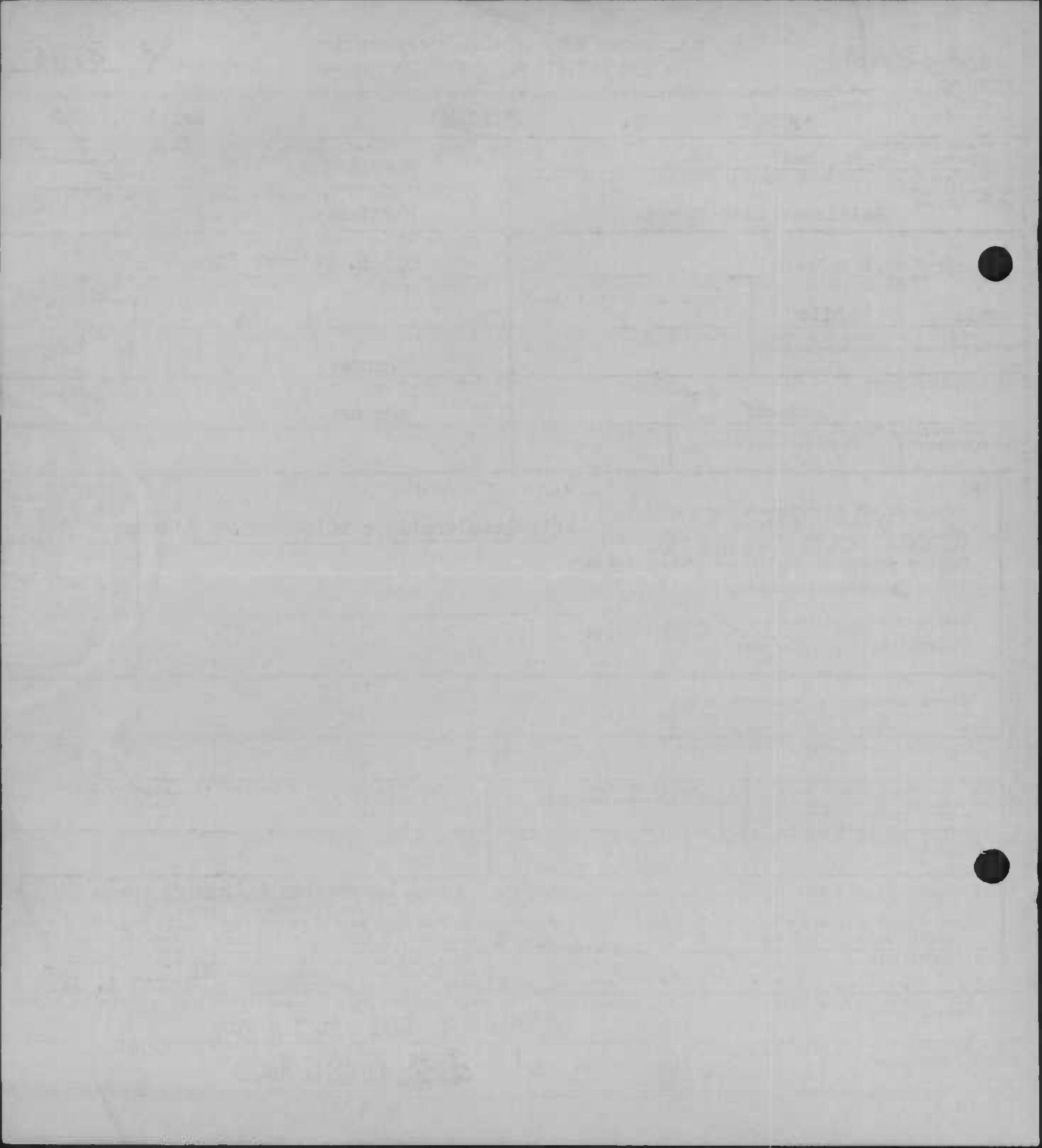
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 2705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2705

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

BLUNT

2. DATE
OF
DEATH

March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Md.

B. COUNTY

before admission

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-01

D. STREET ADDRESS (If rural, give location)

625 S. Charles St.

8. DATE OF BIRTH

9. AGE (in years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 434.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhagic pericarditis

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Lobar pneumonia

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

B. E. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

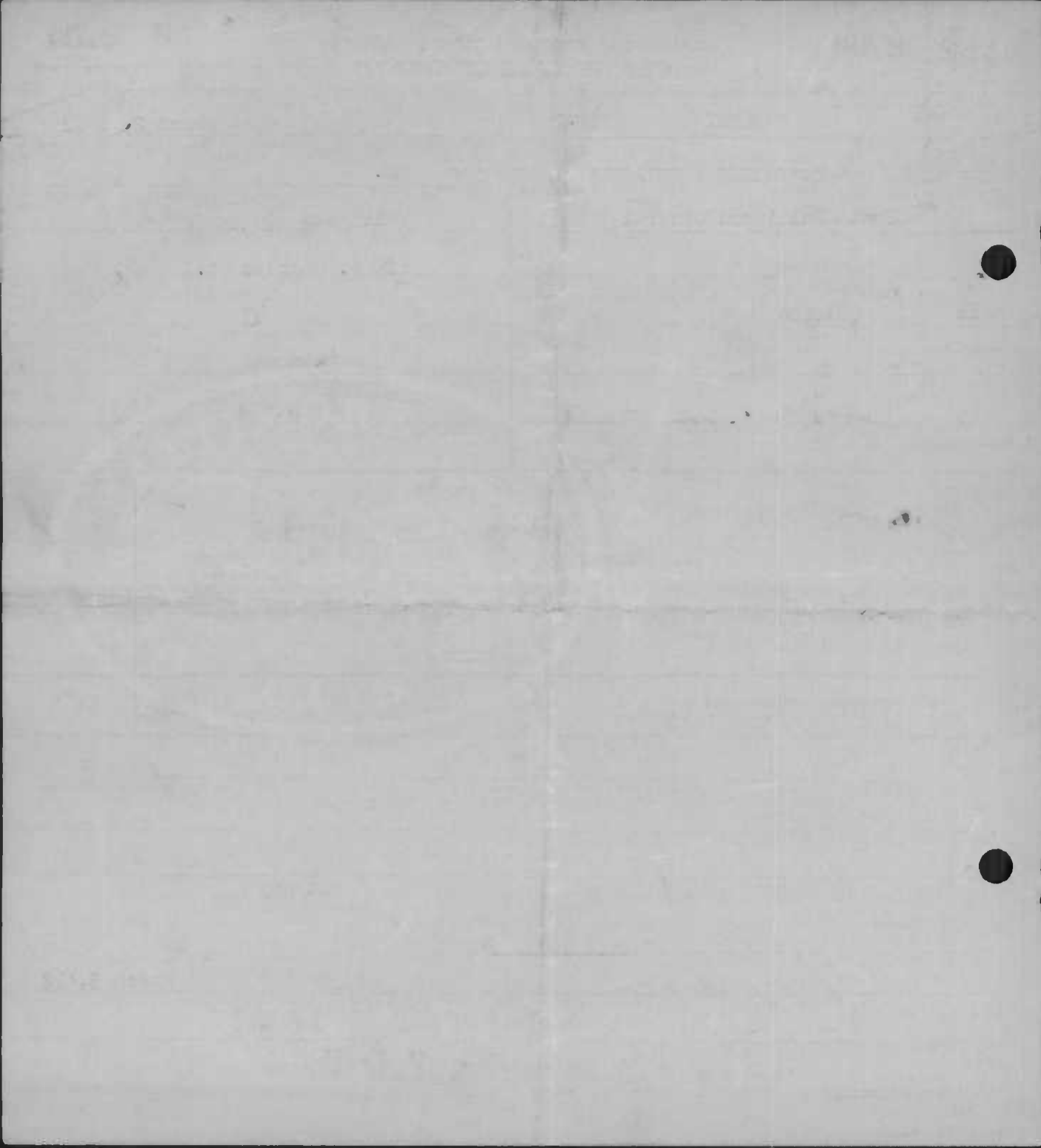
ADDRESS

MAR 19 1952

VS 151

Huntington Walters, M.D., Commissioner of Health

MAR 18 1952



52 2706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2706
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARISI WRIGHT			2. DATE OF DEATH February 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3-01		
D. STREET ADDRESS (If rural, give location) 405 S. Bond Street			5. AGE (in years, last birthday) 93		
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
8. SEX Male			9. COLOR OR RACE Colored		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Unknown			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive cardiovascular disease			
DUE TO		(B) cardiac decompensation			
ANTECEDENT CAUSES		(C) peripheral edema			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) peripheral edema			

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 3/1/52	
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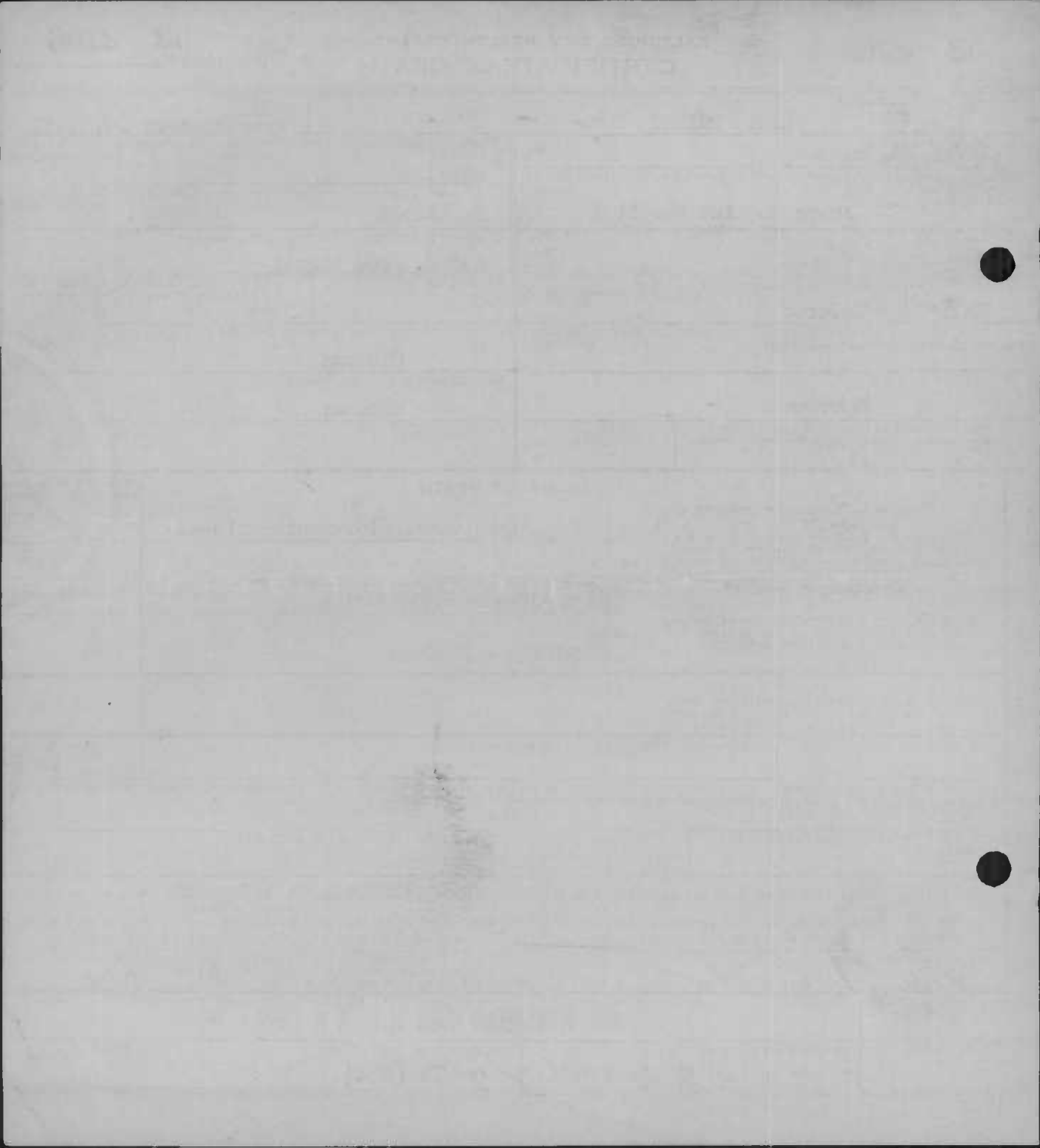
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHNS HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) MAR 18 1952	
---	--	-----------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR		ADDRESS	
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MAR 19 1952

VS 151

2706 of Health



52 2707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2707

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

JOHNSON

2. DATE
OF
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2256 Morris Alley

8. DATE OF BIRTH

9. AGE (In years last birthday)

73

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

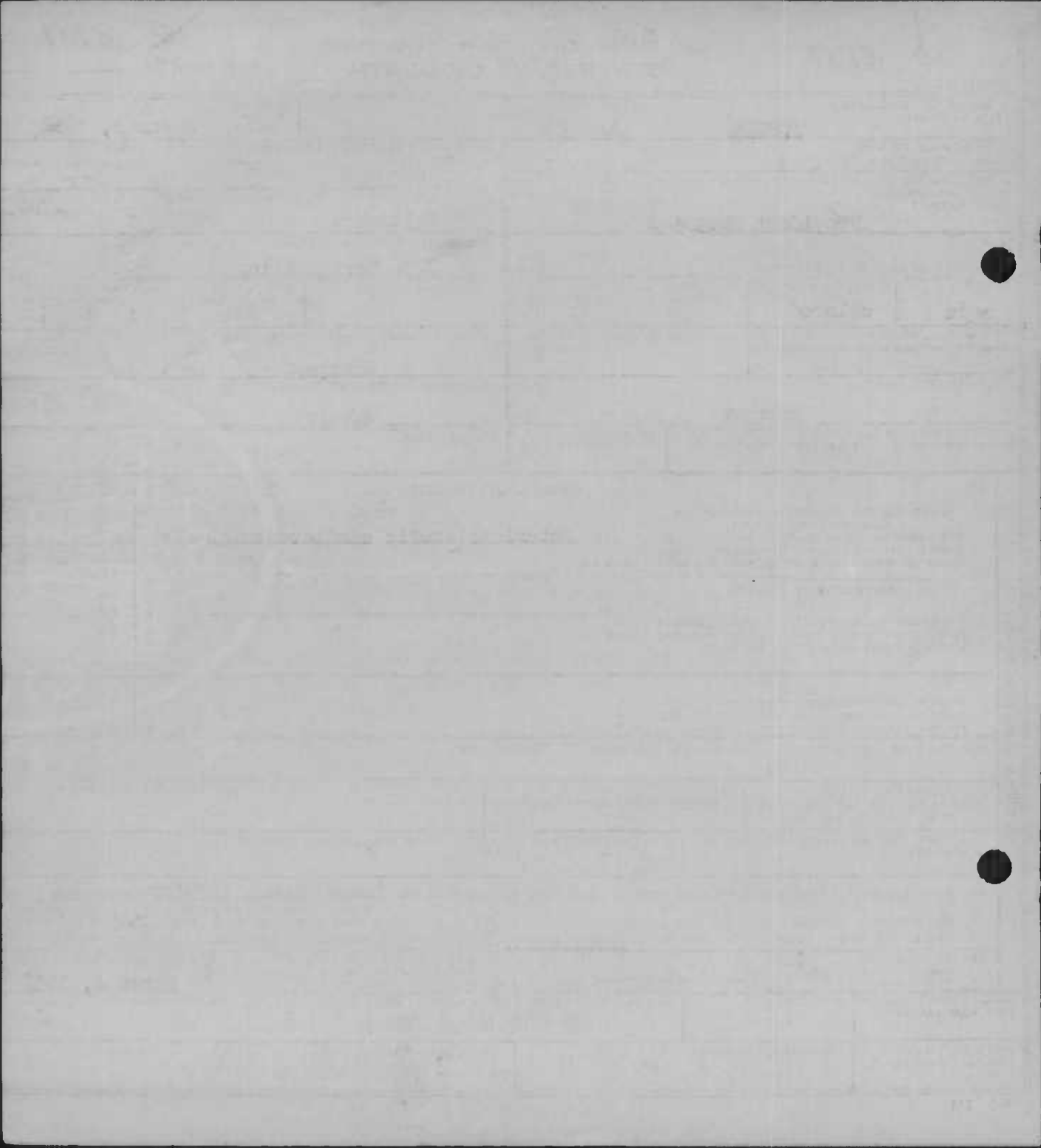
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151



52 2708

CERTIFICATE CORRECTED 3/27/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2708

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAAC FRIEDMAN		2. DATE OF DEATH March 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
Length of stay in Baltimore 50 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1037 Hollins Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 10, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer		10B. KIND OF BUSINESS OR INDUSTRY Proprietor	9. AGE (In years last birthday) 74
13. FATHER'S NAME Marvin Friedman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Mrs. Rose Friedman 1037 Hollins Street	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mollie ?	

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease with

DUE TO

occlusion due to arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Min.)

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3-20-52.

24C. NAME OF CEMETERY OR CREMATORY

Shaarei Zion Cong. Rosedale

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR
MAR 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Thomas, 1124 26th N. North Ave.

ADDRESS

See Document File 52-2708

3/27/52 ES

140

52 2709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2709

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William Harvey Chappell</u>			2. DATE OF DEATH <u>Mar. 17 - 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2524 E. Goldman St</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 8-03</u>		
6. Length of stay in Baltimore _____			D. STREET ADDRESS (If rural, give location) <u>2524 E. Goldman St</u>		
7. SEX <u>Male</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	10. B. DATE OF BIRTH <u>Sept. 18 - 1898</u>		11. AGE (In years last birthday) <u>53</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wine-Maker</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Pepper Copper & Brass</u>		11. BIRTHPLACE (State or foreign country) <u>Raleigh N.C.</u>
12. FATHER'S NAME <u>Unknown</u>			13. MOTHER'S MAIDEN NAME <u>Unknown</u>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____			15. SOCIAL SECURITY NO. <u>37-01-5359</u>		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____			17. INFORMANT <u>Anna L. Chappell - 2524 E. Goldman</u>		

18. <u>350X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Parkinson's Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. 3-4 wks</u>	
ANTECEDENT CAUSES		(A) _____ DUE TO		(B) <u>Arteriosclerosis, embol</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____ DUE TO		(D) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

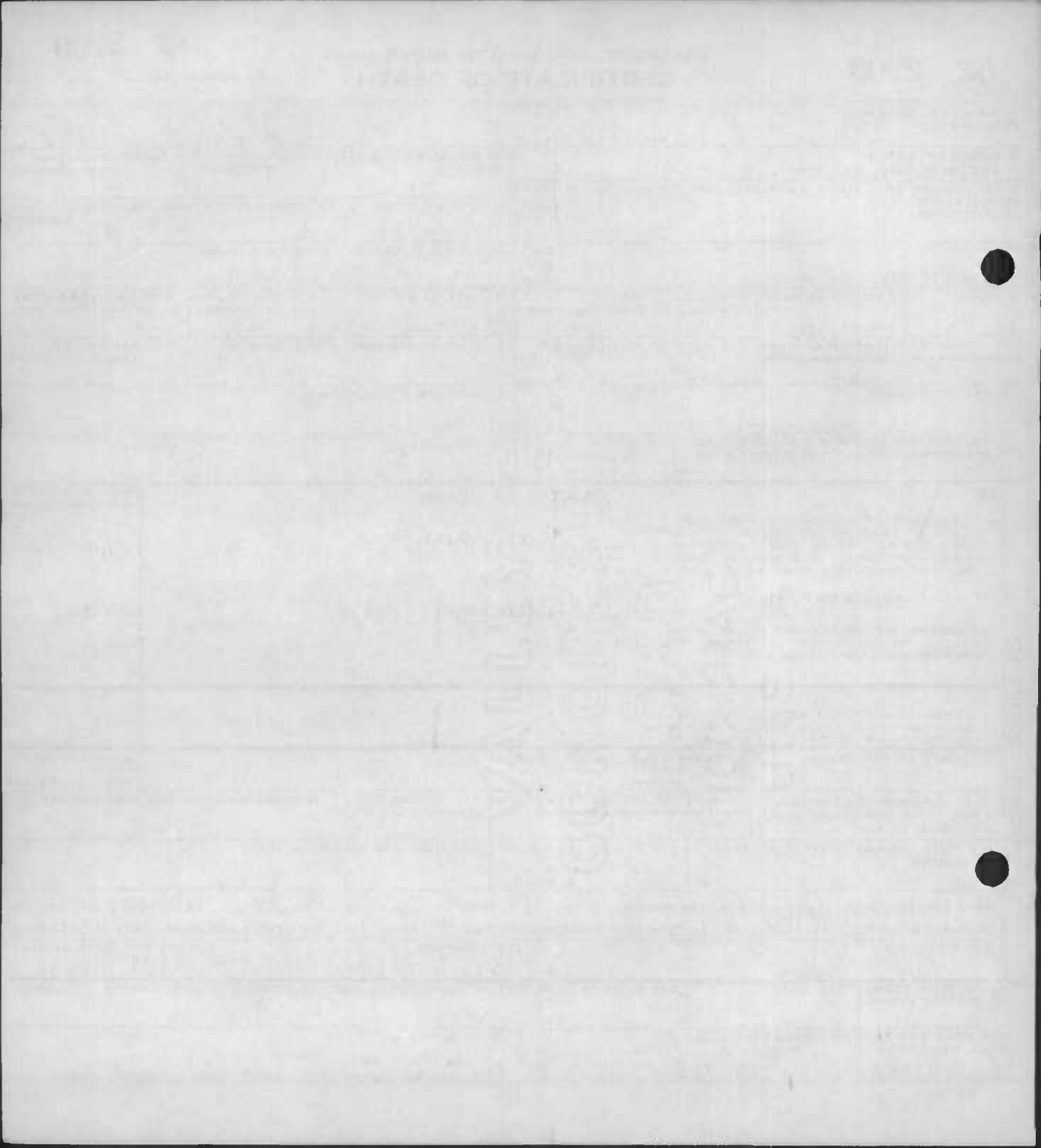
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <u>23 Dec</u> , 19 <u>50</u> , to <u>18 Mar</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>18 Mar</u> , 19 <u>52</u> , and that death occurred at <u>10:15 P.M.</u> m., from the causes and on the date stated above.					
26A. SIGNATURE <u>Howard Johnson</u>		26B. ADDRESS <u>1513 N. M. Hwy</u>		26C. DATE SIGNED <u>18 Mar 52</u>	

27A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		27B. DATE <u>3-20-52</u>		27C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Mem</u>		27D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
28. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1952</u>		28. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		29. FUNERAL DIRECTOR <u>Wm. L. Miller</u>		30. ADDRESS <u>2435 E. Olney St</u>	

VS 150

5923E

MEDICAL CERTIFICATION



63

52 2710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2710

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richardson, Dr. William

2. DATE
OF
DEATHMARCH 18
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Pinecrest SANATARIUM

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
Baltimore 8-04

D. STREET ADDRESS (If rural, give location)

2300 East Preston Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 7, 1876

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dentist

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland Michigan

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Marion Richardson

14. MOTHER'S MAIDEN NAME

Susan Huntley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Richardson 2300 E. Preston St.

18. 196x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CANCER OF LEFT MAXILLA
DUE TO with metastases to glands
below left mandible

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 21, 1952, to MARCH 18, 1952, that I last saw the
deceased alive on MARCH 8, 1952, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

3/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-22-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem

24D. LOCATION (City, town, or county) (State)

Hindson Mill Rd. Balt. Md.

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

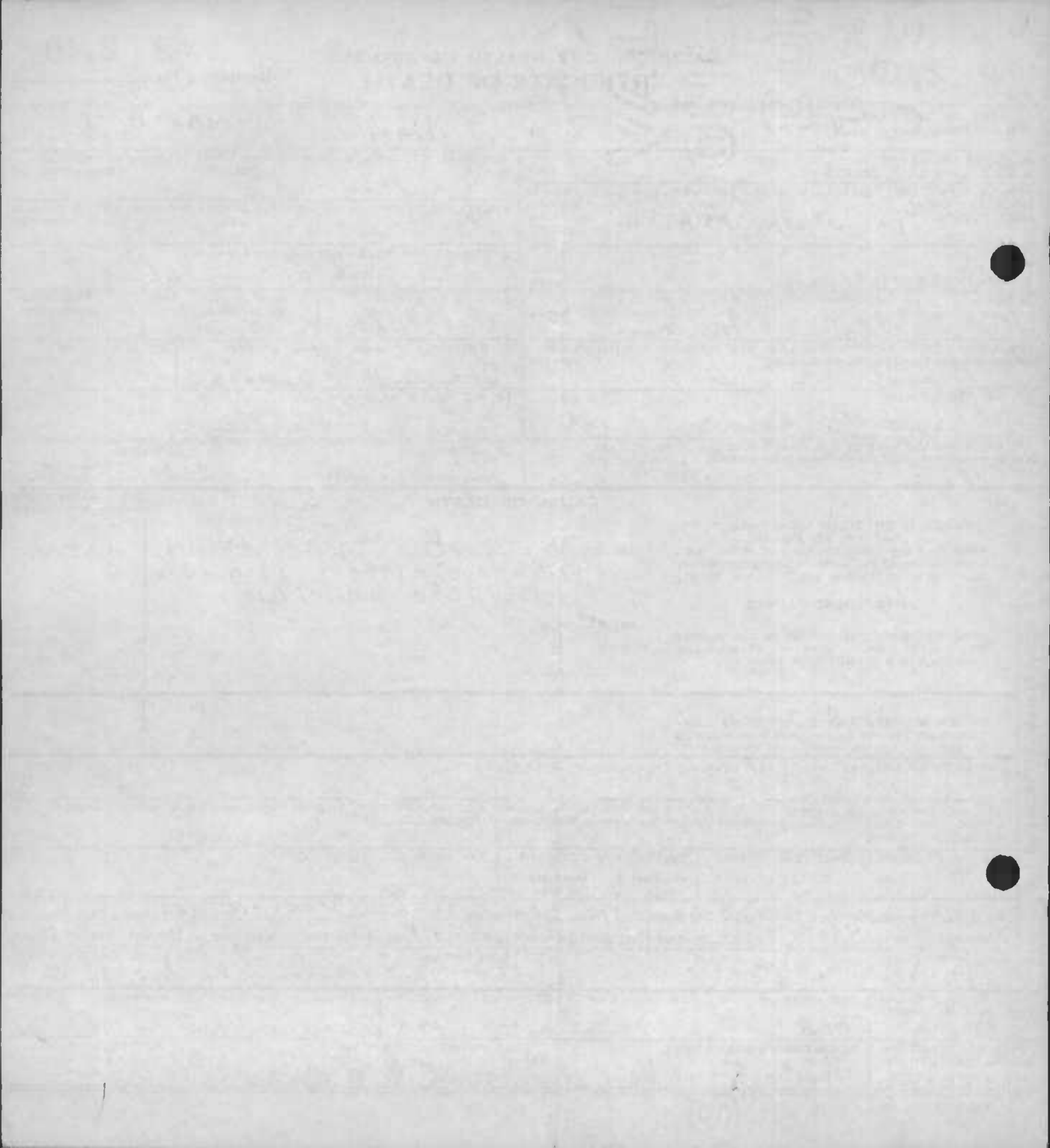
ADDRESS

John C. Miller Inc. 2435 E. Clifton St.

MAR 19 1952

VS 150

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2711

BIRTH NO. 52 2711

1. NAME OF DECEASED (Type or Print) <u>ROBERTS, Baby Boy</u>			2. DATE OF DEATH <u>3/6/1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Howard</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Ellicott City</u>		
C. Length of stay in Baltimore <u>6</u> Days			D. STREET ADDRESS (If rural, give location) <u>6300</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>3/1/52</u>		9. AGE (In years last birthday) <u>6</u> If Under 1 Year: Months <u>6</u> Days <u>6</u> If Under 24 Hours: Hours <u>6</u> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ellicott City, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Raskin Roberts</u>		
14. MOTHER'S MAIDEN NAME <u>Ellie Mullins</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>Father Ellicott City, Md.</u>		

18. <u>771.5</u> I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Hemorrhagic Disease of Newborn</u>		<u>8 hours</u>	
DUE TO		(B) <u>Jaundice</u>		<u>24 hours</u>	
DUE TO		(C) <u>Prematurity</u>		<u>6 days</u>	
DUE TO		(D) <u>Atelectasis</u>		<u>6 days</u>	
DUE TO		(E) <u>Other significant conditions contributing to the death, but not related to the disease or condition causing it.</u>			

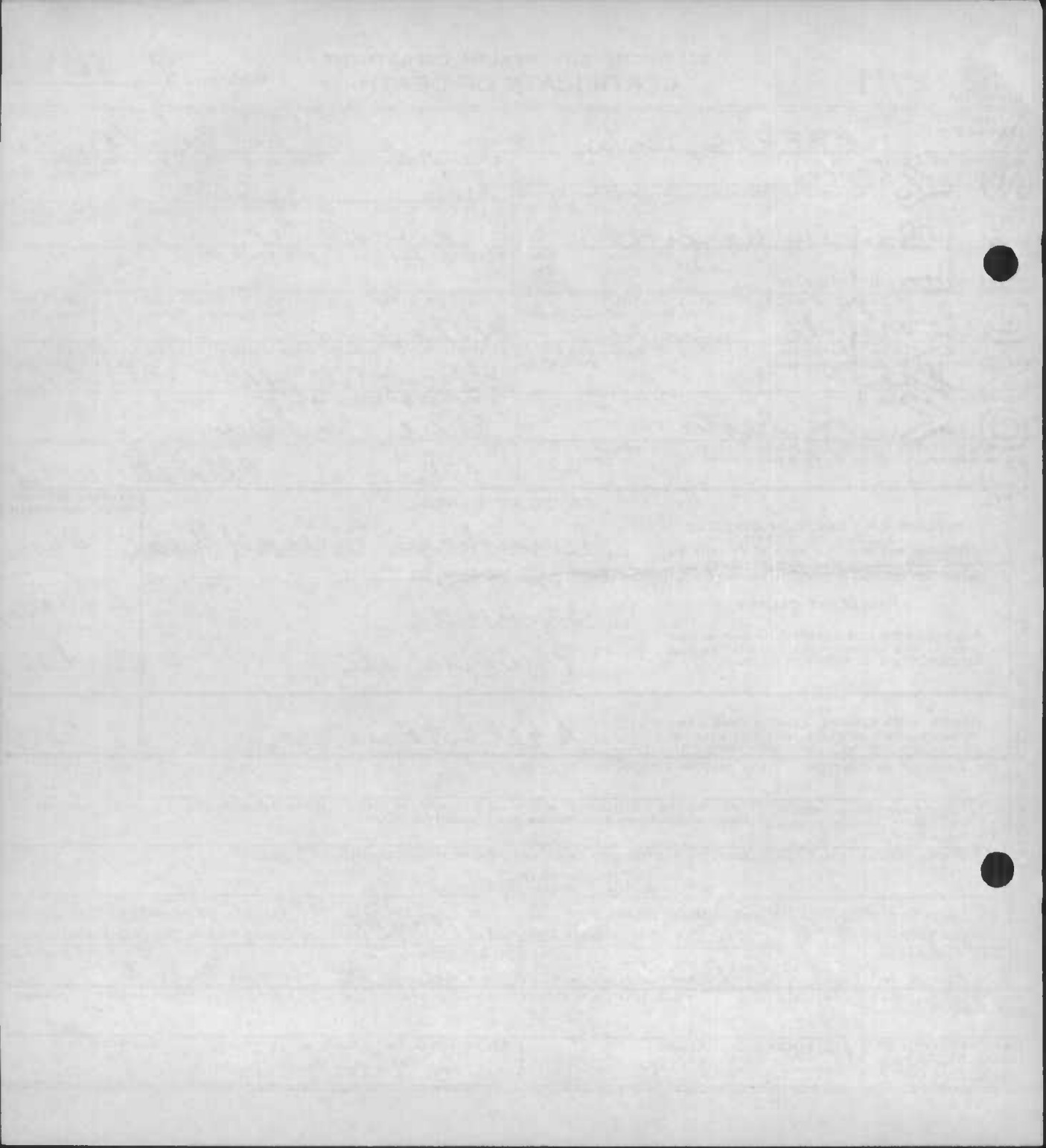
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/3, 1952 to 3/6, 1952 that I last saw the deceased alive on 3/6, 1952, and that death occurred at 10:47 PM, from the causes and on the date stated above.

23A. SIGNATURE Hartin K. Garter M. D. 23B. ADDRESS University Hospital 23C. DATE SIGNED 3/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL 24D. LOCATION (City, town, or county) MAR 18 1952 (State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952 REGISTRAR'S SIGNATURE Huntington Williams, MD 25. FUNERAL DIRECTOR 2702 ADDRESS



315

52

2712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52

2712

Registered No.

BIRTH NO.

52-2712-5004

1. NAME OF DECEASED
(Type or Print)

BABY BOY STEVENS

2. DATE
OF
DEATH

MARCH 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

life 2 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

3 Wampler Rd. - #20

8. DATE OF BIRTH

March 1, 1952

9. AGE (In years last birthday)

02

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

U.S.

13. FATHER'S NAME

STEVEN S

14. MOTHER'S MAIDEN NAME

Irene

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mother (above)

ADDRESS

3 Wampler Rd.

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1, 1952 to March 3, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. E. Matthews

M. D.

23B. ADDRESS

University Hospital, March 3, 1952

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

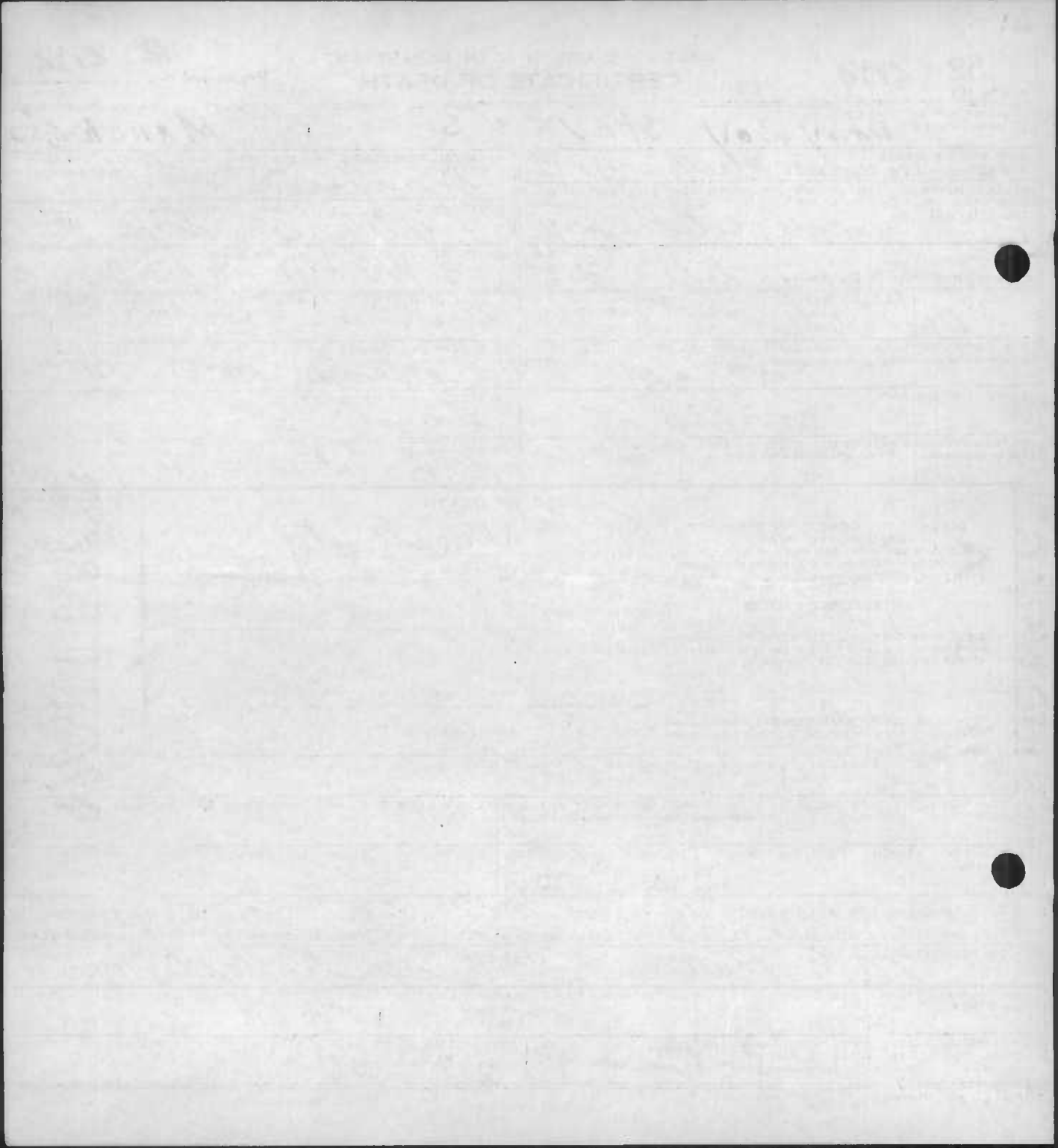
25. FUNERAL DIRECTOR

Baltimore City Health

ADDRESS

MAR 19 1952

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-00380

BEVERLY

1. NAME OF DECEASED (Type or Print) CROOK, Beverly			2. DATE OF DEATH March 1, 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-0		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		
D. STREET ADDRESS (If rural, give location) 1025 Pennsylvania Ave			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE Cel	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH —	9. AGE (In years last birthday) 8 weeks	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME William Crook			14. MOTHER'S MAIDEN NAME Geraldine Carr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO. —		
17. INFORMANT Mother			ADDRESS 1025 Pennsylvania		

CAUSE OF DEATH

18. 501X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Langgo - Tracheo Bronchitis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
(A) DUE TO pneumonia		2 weeks
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) — (C) —		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1952 to March 1, 1952 , that I last saw the deceased alive on March 1, 1952 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Mary E. Mattheus		23B. ADDRESS University Hospital		23C. DATE SIGNED March 52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) MAR 18 1952		24E. LOCATION (State)		24F. LOCATION (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Commissioner of Health	

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE ASSISTANT ATTORNEY GENERAL

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213

52 2714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2714

Registered No.

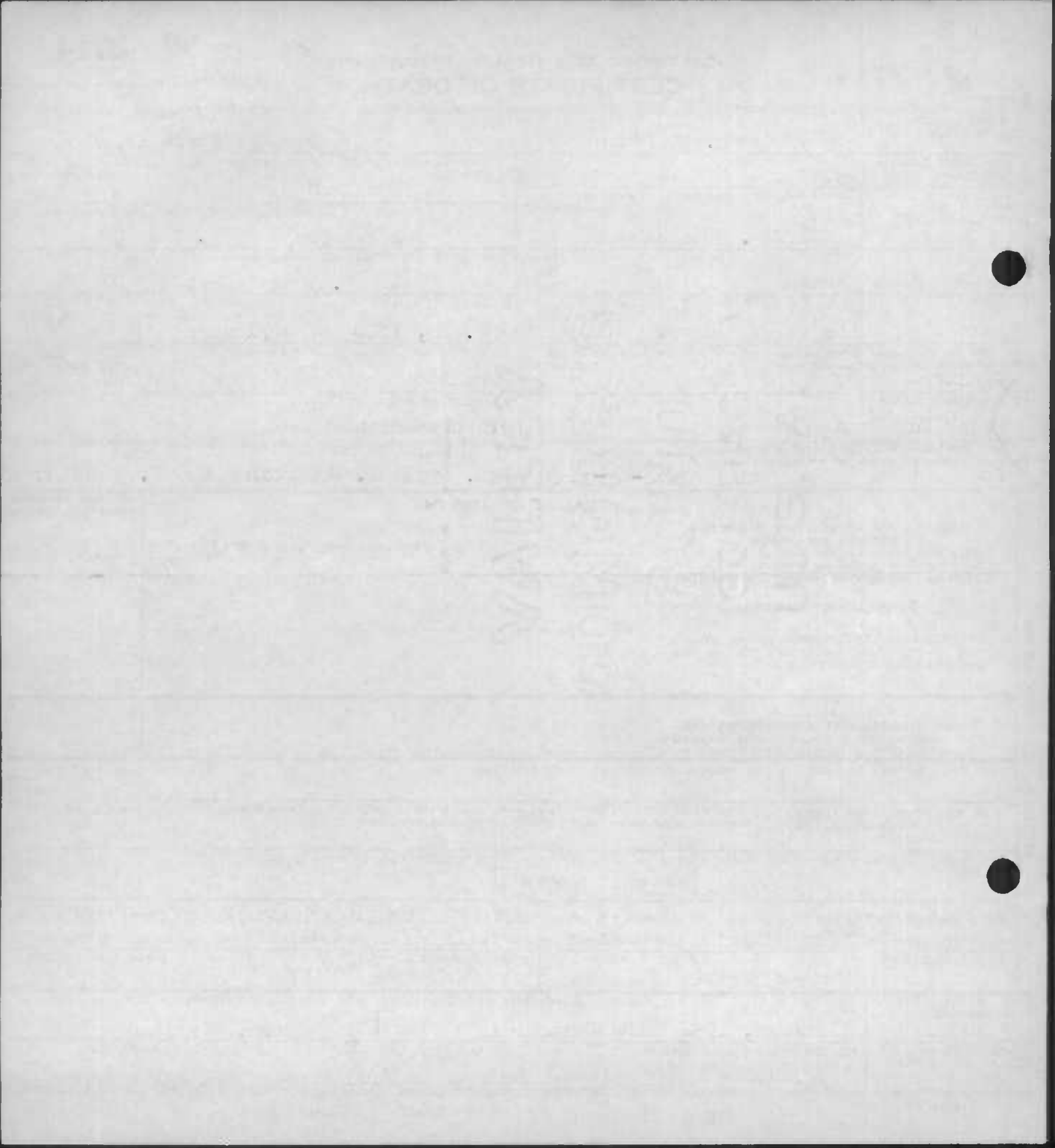
BIRTH NO.			1. NAME OF DECEASED (Type or Print) Walter W. McFadden			2. DATE OF DEATH March 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) 829 W. 38th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07					
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 829 W. 38th Street					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 21, 1880		9. AGE (In years last birthday) 71		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10B. KIND OF BUSINESS OR INDUSTRY Tavern			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Frank McFadden			14. MOTHER'S MAIDEN NAME Frances Smith					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 215-09-3135			17. INFORMANT ADDRESS Mrs. Emily J. McCartin 829 W. 38th Street		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Hypertensive S. V. Dis.		DUE TO		48 hrs	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 16, 1952 to Mar. 17, 1952 that I last saw the deceased alive on Mar. 16, 1952 and that death occurred at 12:30 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Edward H. Harman M. D.		23B. ADDRESS 4037 Oak Rd.		23C. DATE SIGNED 3/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 20, 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. STATE Maryland		24F. ADDRESS Burgess Funeral Home 3631 Falls Road	
25. FUNERAL DIRECTOR Horace F. Burgee		25A. ADDRESS 770 6th		25B. ADDRESS 770 6th	

VS 150 352

MEDICAL CERTIFICATION



450

52 2715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles N. Clem

2. DATE
OF
DEATH

3/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

39

Yrs.

Mons

Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Collector of Junk

10B. KIND OF BUSINESS OR

INDUSTRY

For Self

13. FATHER'S NAME

Charles Clem

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Edith Clem 1026 Ridgely St

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

years

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18/52, 19__, to 3/18/52, 19__, that I last saw the deceased alive on 3/18/52, 19__, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Agustini del Campo

M. D.

1213 Light St.

3/18/52

24A. BURIAL (CREMA-
TION) REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 21/52

Holy Cross Cem

A A Co

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1952

Huntington Williams

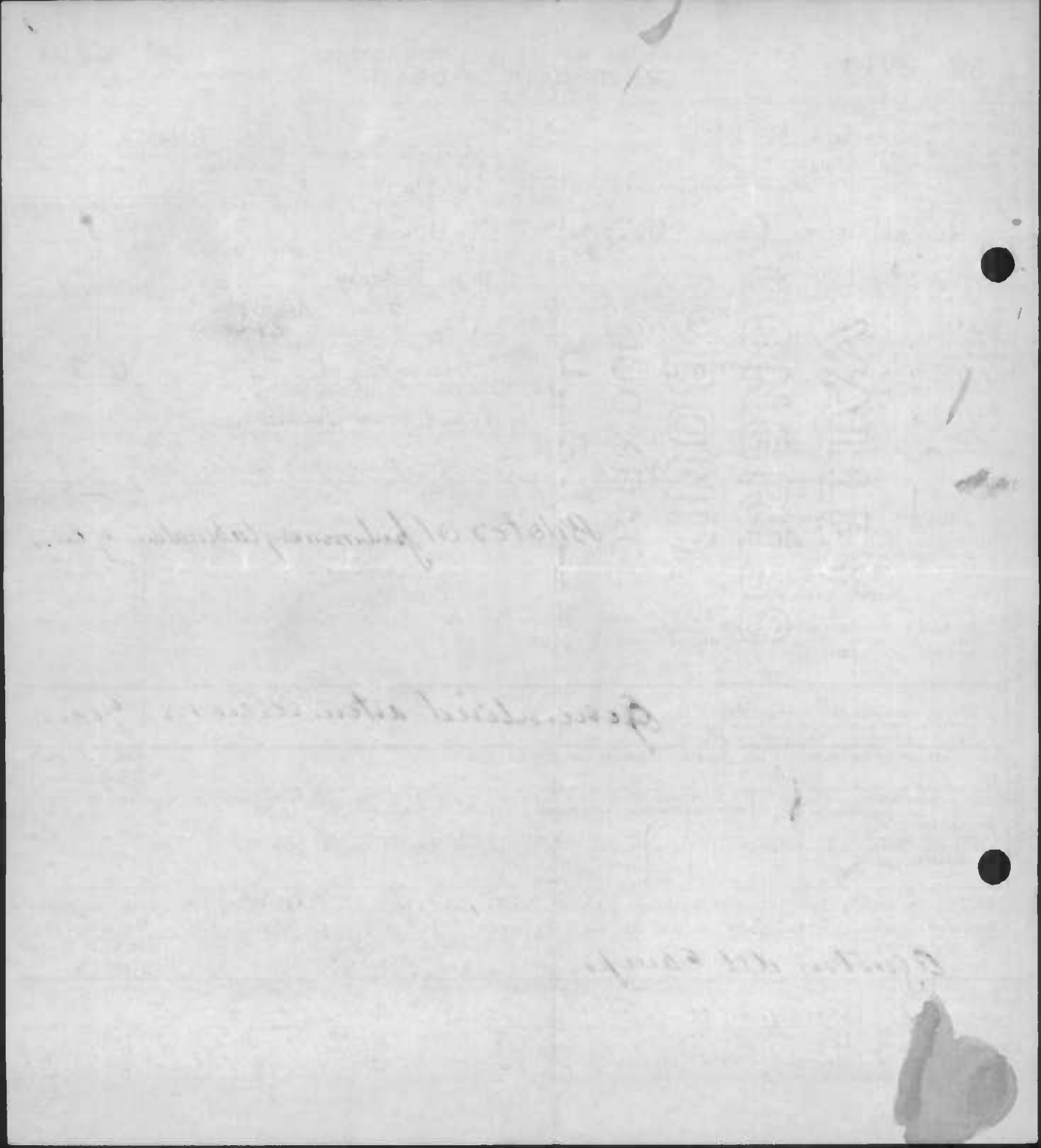
Bernard E. Hark

121 E West St

VS 150

29068

MEDICAL CERTIFICATION



535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2716

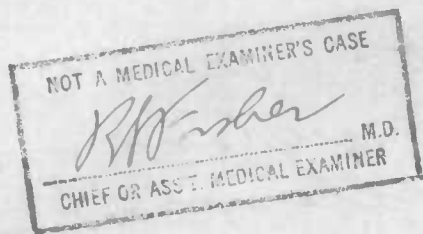
Registered No.

BIRTH NO. 52 2716

1. NAME OF DECEASED (Type or Print) <i>Rosa M. Anthony</i>		2. DATE <i>March 15, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1114 Druid Hill Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>	
c. Length of stay in Baltimore <i>48</i>		d. STREET ADDRESS (If rural, give location) <i>1114 Druid Hill Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 2, 1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Dom. family</i>	9. AGE (In years last birthday) <i>53</i>
11. BIRTHPLACE (State or foreign country) <i>Natural Bridge, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Henry Anthony</i>		14. MOTHER'S MAIDEN NAME <i>Hester Hinfield</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Thomas J. Anthony Jr. - 375</i>	

18. <i>421.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Heart Disease</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>9</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary occlusion</i>		(A) DUE TO (B) DUE TO (C) DUE TO <i>Arterio sclerosis</i>	<i>onset</i> <i>9</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION <i>3-19-1952</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-7</i> , 1952, to <i>3-18</i> , 1952, that I last saw the deceased alive on <i>3-14</i> , 1952, and that death occurred at <i>2 A.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Charles J. Wouda</i>		23b. ADDRESS <i>861 W. 1st St. Baltimore, Md.</i>		23c. DATE SIGNED <i>3-18-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-19-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Natural Bridge Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Natural Bridge, Va.</i>		24e. NAME OF CEMETERY OR CREMATORY <i>Natural Bridge Cem.</i>		24f. LOCATION (City, town, or county) (State) <i>Natural Bridge, Va.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>General & Sons</i>	
25a. ADDRESS <i>1637 Druid Hill Ave.</i>		25b. ADDRESS <i>1637 Druid Hill Ave.</i>		25c. ADDRESS <i>1637 Druid Hill Ave.</i>	



530

52 2717

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2717
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Thomas J. Smith Jr.		2. DATE OF DEATH MAR 17 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Dept.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02			
C. Length of stay in Baltimore 39 years		D. STREET ADDRESS (If rural, give location) 1729 Mc Culloch St			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5	8. DATE OF BIRTH 6-27-12	9. AGE (In years last birthday) 39	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Tech.		10B. KIND OF BUSINESS OR INDUSTRY Hoep.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas J. Smith		14. MOTHER'S MAIDEN NAME Marcellia Marlowe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Mitral Stenosis DUE TO (B) Rheumatic Fever DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 years 27 years			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-28- 1952 to 3-17- 1952 , that I last saw the deceased alive on 3-17- 1952 , and that death occurred at 5:10 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. R. Langford		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 3/17/52	
24A. BURIAL OR CREMATION REMOVAL (Specify) Burial		24B. DATE Mar. 20, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR W. H. ...			
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 2631 ...	

MEDICAL CERTIFICATION

7

117-2-2-111

117-2-2-111

117-2-2-111

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2718
Registered No. _____

52 2718
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Savino V. Musso</u>			2. DATE OF DEATH <u>March 17-1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>314 N. Paca Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>4-02</u>		
C. Length of stay in Baltimore _____			D. STREET ADDRESS (If rural, give location) <u>314 N. Paca Street</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH		9. AGE (in years last birthday) <u>70</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>Sailor</u>	11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>Di Pietro</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>5-17-40</u>	17. INFORMANT <u>Rose Musso Shore</u>		
			ADDRESS <u>Md. Rose Musso Shore Acres Road Sta</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Coronary Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
DUE TO		(A) _____	
ANTECEDENT CAUSES		(B) _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1952, to March 17, 1952 that I last saw the deceased alive on March 17, 1952 and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>H. J. Immervelt</u> M. D.	23B. ADDRESS <u>Medical Arts Bldg</u>	23C. DATE SIGNED <u>March 19, 1952</u>
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>March 21-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Old Frederick Rd. Balt: Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Joseph J. Sarsac Inc. 2013 Greenmount Ave</u>	

524

52 2719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2719
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward John LEIMKUHLER

2. DATE
OF
DEATH

3.17.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Maryland General Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

26-10

D. STREET ADDRESS (If rural, give location)

606 N. Clinch Street #5

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*717-07-7190**Gertrude M. Leimkuhler, wife, above*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiac decompensation

DUE TO

(C)

*Old myocardial infarction*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *3.12.1952* to *3.17.1952* that I last saw the
deceased alive on *3.17.1952* and that death occurred at *10⁴⁵ a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Su-Jui Liu

M. D.

*Maryland General Hospital**3.17.52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3/20/52**Holy Redeemer Cem.**4430 Belair Rd., Balto. Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 15 1952**Huntington Williams, M.D.**Schimunek Funeral Home, Inc.**2601-3-5 E. Madison St.*

VS 150

501 50

MEDICAL CERTIFICATION

101.180

525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWRENCE T. JOHNSON

2. DATE
OF
DEATH

17 MAR 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. Length of stay in Baltimore

46 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired Merchants Terminal, Stationery

10B. KIND OF BUSINESS OR INDUSTRY

Engineer Corp.

13. FATHER'S NAME

Joseph JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED SERVICE? (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

JAN 6 1877

9. AGE (in years last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Solomons

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

ALICE ABBOTT

17. INFORMANT

Vera Johnson

ADDRESS

WIFE - above

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Circulatory Collapse cause UNDETERMINED

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

GEN. ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Mar, 1952, to 17 Mar, 1952, that I last saw the deceased alive on 17 Mar, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

North Ave. & Rose St. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601-375 E. Madison St.

VS 150

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

THERESA L. WILSON

2. DATE
OF
DEATH

Mar. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1100 W. Lexington St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1100 W. Lexington St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 8, 1867

9. AGE (In years,
last birthday)

84

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

- ?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel D. Wilson

14. MOTHER'S MAIDEN NAME

Keziah Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anita W. Gibson - 1918 E. 31st

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept**, 1951, to **March 17**, 1952, that I last saw the
deceased alive on **March 17**, 1952, and that death occurred at **11.00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Lawrence Edward Day

M. O.

23B. ADDRESS

4 - E - 33rd St 1st

23C. DATE SIGNED

March 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

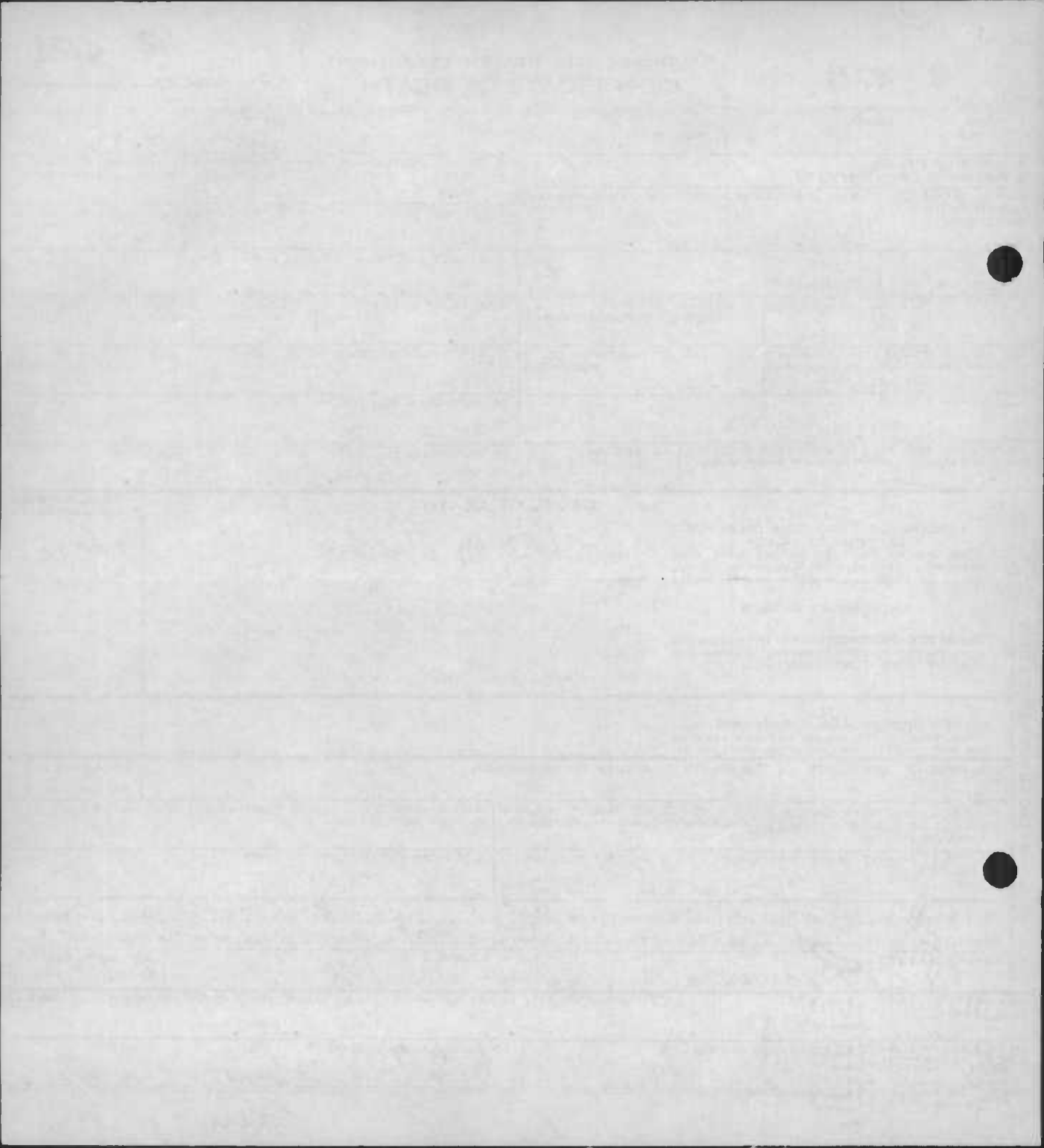
ADDRESS

Wm. J. Pickner & Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION



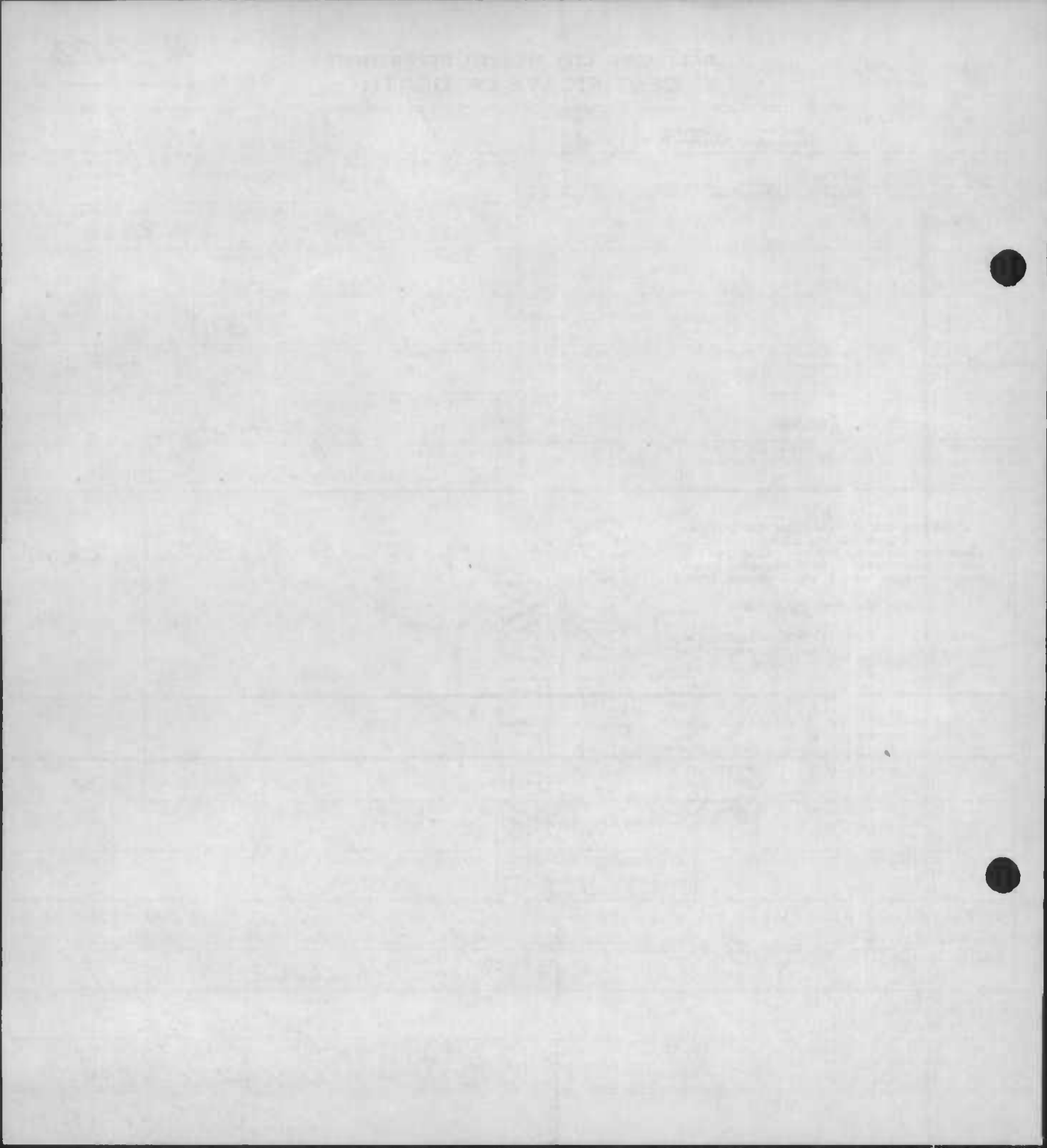
520
52 2722BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

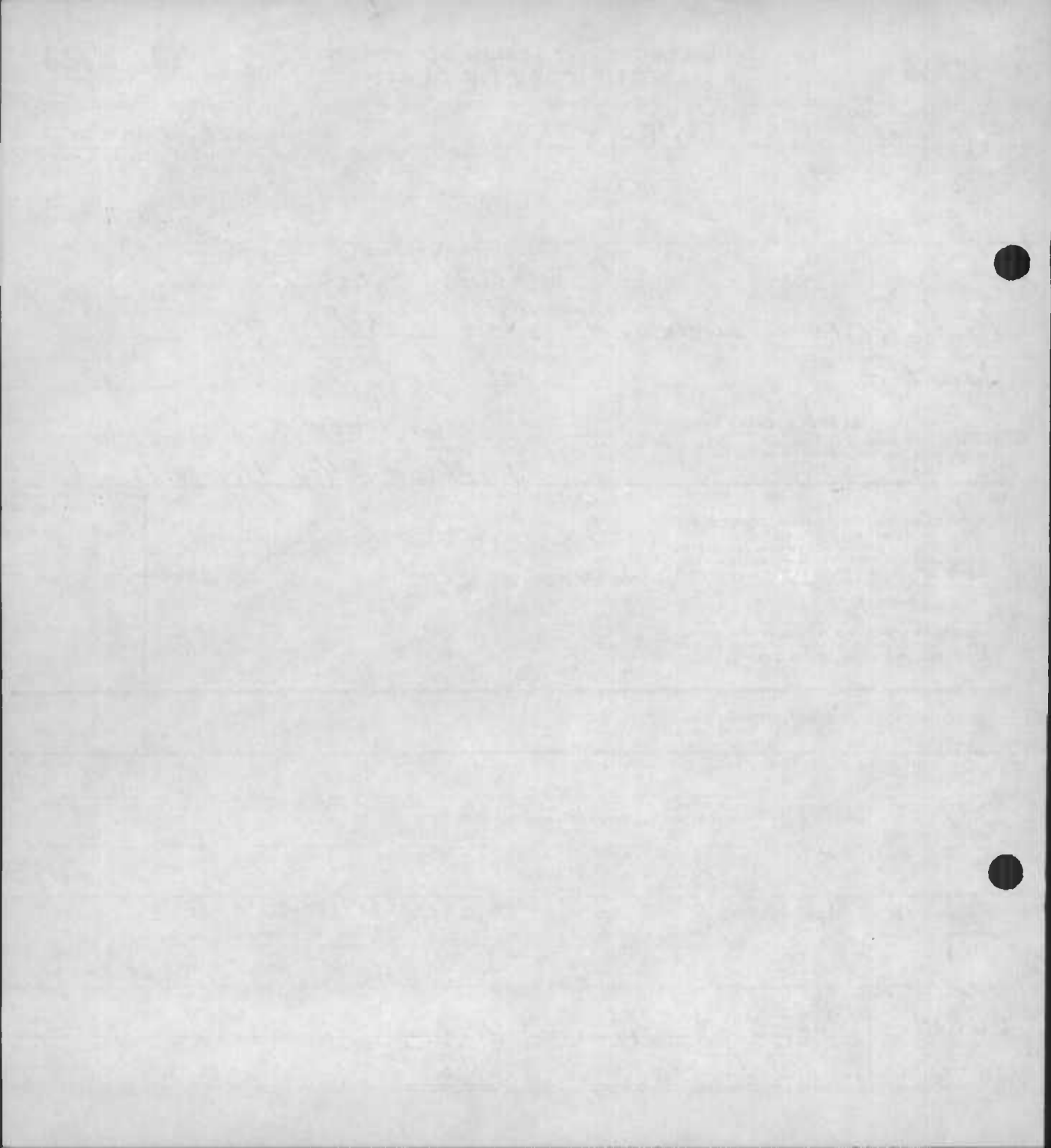
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
WILLIS ROSCOE JONES		3/17/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 11-01	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 801 N. Charles Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/9/92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10B. KIND OF BUSINESS OR INDUSTRY self employed	9. AGE (in years last birthday) 60
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Solomon M. Jones		14. MOTHER'S MAIDEN NAME FRANCES G. WICHAR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT W. R. Jones		ADDRESS -801 N. Charles St.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Dissecting Aneurysm (Aortic) (B) Hypertensive C.V. Disease (C) _____ INTERVAL BETWEEN ONSET AND DEATH 9 days 10 yrs.		19. DATE OF OPERATION 19A. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/9/52, 1952, to 3/17, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Raymond A. Commey		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 3/18/52		23D. ADDRESS	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/20/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Bethel, N. C.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.	
25. FUNERAL DIRECTOR Starr. J. Lickner & Sons		ADDRESS Baths 17, Md.	

VS 150

0558U





536
52 2724

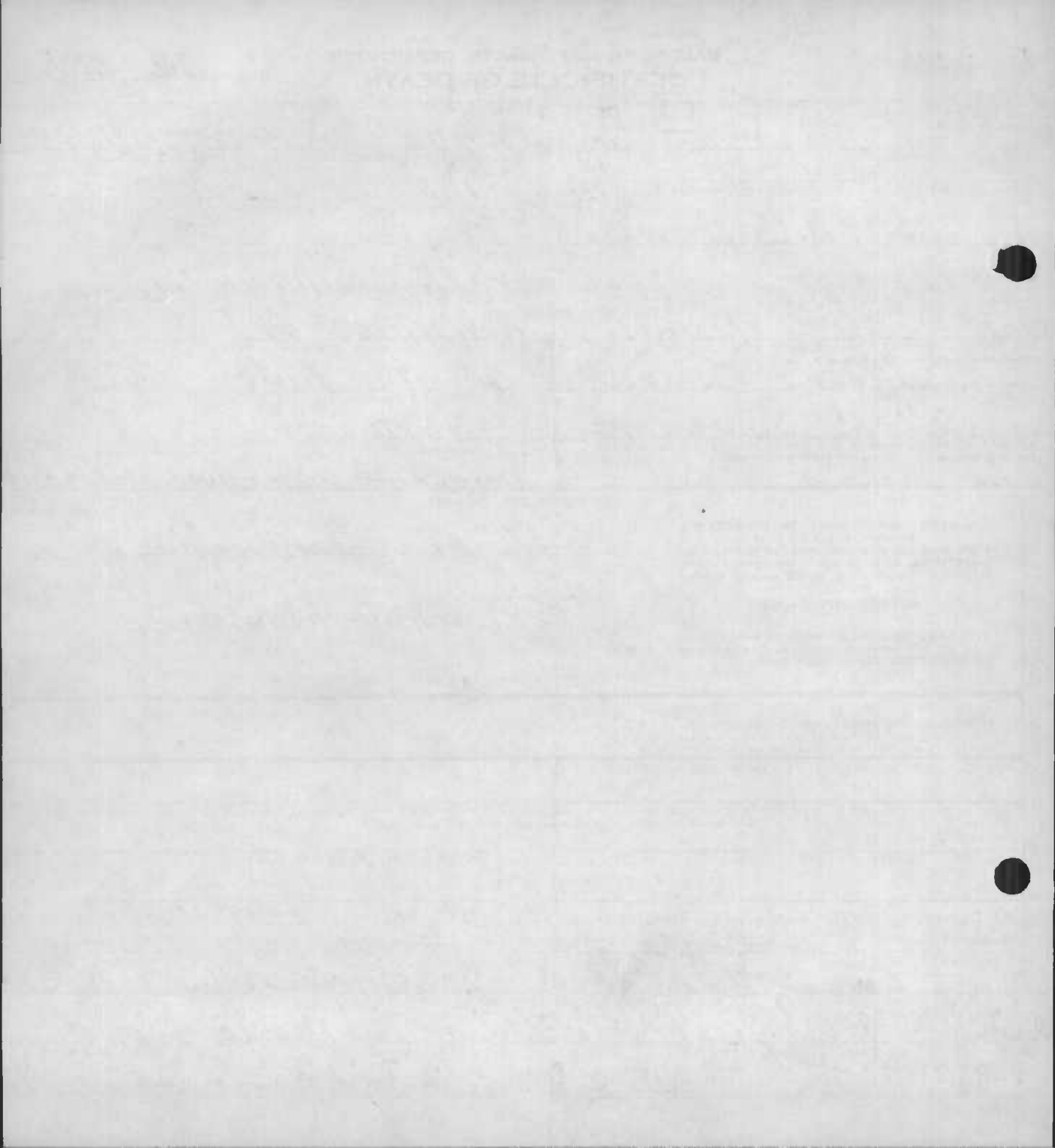
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2724

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Raymond J. Saunderson</i>		2. DATE OF DEATH <i>March 15, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>629 N. Calhoun St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>629 N. Calhoun St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 20, 1902</i>	9. AGE (in years last birthday) <i>49</i>	10. Under 1 Year Months; Days 11. Under 24 Hours Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Charlter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>William Saunderson</i>		14. MOTHER'S MAIDEN NAME <i>Marie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Catherine Saunderson Calhoun</i>	
18. ADDRESS <i>629 N. Calhoun St.</i>		19. CAUSE OF DEATH <i>Myocardial Insufficiency Pericarditis + Arteriosclerosis</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>August, 1947</i> , to <i>3-15, 1952</i> , that I last saw the deceased alive on <i>3-15, 1952</i> and that death occurred at <i>12:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas J. O'Brien</i>		23B. ADDRESS <i>703 W. Lafayette Ave.</i>		23C. DATE SIGNED <i>3-18-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 22, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>West Cathedral Am.</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. STATE <i>Md.</i>		24F. ADDRESS <i>322 N. Huntington</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. Williams</i>	

MEDICAL CERTIFICATION

720 PA



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2725

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ide V. Costen

2. DATE
OF
DEATH

March 14, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1014 N. Arlington Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1014 N. Arlington Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Female

6. COLOR OR RACE
C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
October 16, 1884

9. AGE (in years last birthday) 67
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME
Page Turner

14. MOTHER'S MAIDEN NAME
Ellen Duckett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Elsie Costen 1014 N. Arlington Ave.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive cardiac
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Vascular renal disease 6 mos.
DUE TO
Coronary failure

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1951, to 3/14, 1952, that I last saw the deceased alive on 3/14, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
MARCH 19 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2726

230
2 2726
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>John West</u>			2. DATE OF DEATH <u>3-15-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>18-01</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>948 W. Saratoga St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 10, 1889</u>	9. AGE (in years, last birthday) <u>62</u>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John West</u>			14. MOTHER'S MAIDEN NAME <u>Nettie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mary E. Spence</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			ADDRESS <u>948 W. Saratoga St.</u>		

18. <u>443X</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive Cardiovascular Disease</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Cardiac Failure & Generalized Edema</u>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

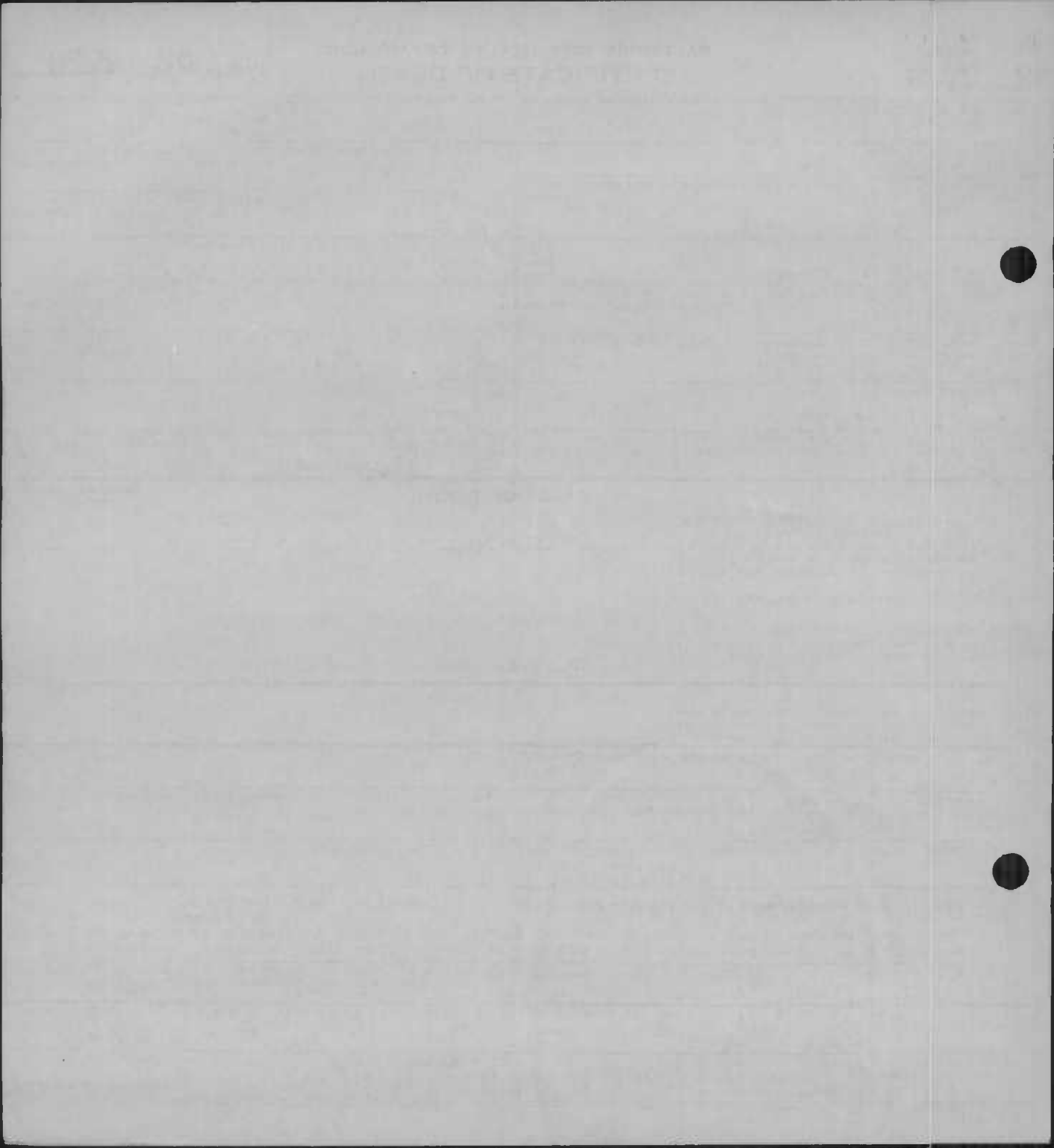
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <u>William J. Gault</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <u>3-16-52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>Mar. 19, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>W. T. Auburn Cem.</u>	24D. LOCATION (City, town, or county) <u>Balto.</u>	(State) <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Wm. J. Williams</u>		ADDRESS <u>322 N. Schroeder St.</u>

76374

MEDICAL CERTIFICATION



635
2 2727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2727
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Martin

2. DATE
OF
DEATH

3-16-52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

May 16, 1894

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charles Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Martin

14. MOTHER'S MAIDEN NAME

Sally Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

James Matthews

ADDRESS

1131 W. Mulberry St.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

30 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1952, to 3-16, 1952, that I last saw the deceased alive on 3-16, 1952, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James C. Fitzgerald

M. D.

23B. ADDRESS,

University Hospital

23C. DATE SIGNED

3/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

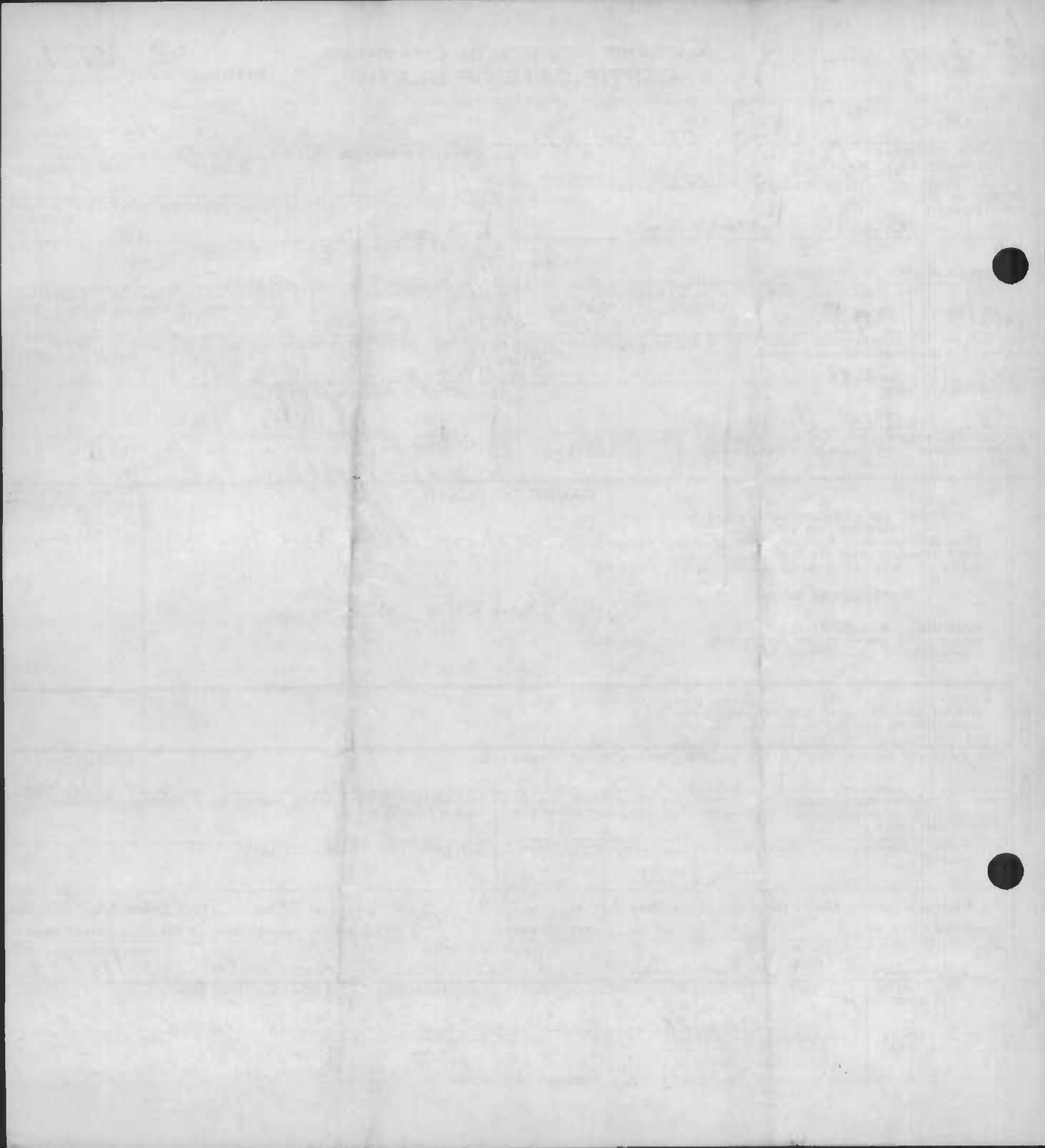
Mrs. Katherine Williams Schroeder

ADDRESS

322 N

76374

MEDICAL CERTIFICATION



460
2 2728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 2728

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KEELEA, Alexander N			2. DATE OF DEATH 3/18/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE MARYLAND B. COUNTY Carroll		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster		
D. Length of stay in Baltimore One day			E. STREET ADDRESS (If rural, give location) 88 W. Main St 5641		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1892	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmaker		10B. KIND OF BUSINESS OR INDUSTRY Watchmaking	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph M Keele			14. MOTHER'S MAIDEN NAME Sally Vance		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Patient		

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary edema	CAUSE OF DEATH (A) Acute pulmonary edema DUE TO (B) Cor pulmonale DUE TO (C) Emphysema	INTERVAL BETWEEN ONSET AND DEATH 2 hrs ? ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Achalasia of the esophagus		
19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None
21D. TIME (Month) (Day) (Year) (Hour) INJURY None	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from **3/17 207** to **3/18**, 19**52**, that I last saw the deceased alive on **3/15**, 19**52**, and that death occurred at **207** m., from the causes and on the date stated above.

23A. SIGNATURE Francis J. Borges	23B. ADDRESS University Hosp	23C. DATE SIGNED 3/18/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 22, 1952	24C. NAME OF CEMETERY OR CREMATORY Trospert Hill
24D. LOCATION (City, town, or county) Strout Royal Va.	25. FUNERAL DIRECTOR Huntington W. ...	ADDRESS

MAR 19 1952
VS 150

69038

NOV 5

RECEIVED THE HONORABLE
SIR JOHN A. G. G. G.

1891

My dear Sir,

I have the honor to acknowledge the receipt of your letter of the 2nd inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

Enclosed for you are the documents referred to in your letter.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

I am, Sir, very respectfully,
Your obedient servant,

J. H. G. G.

260
52 2729

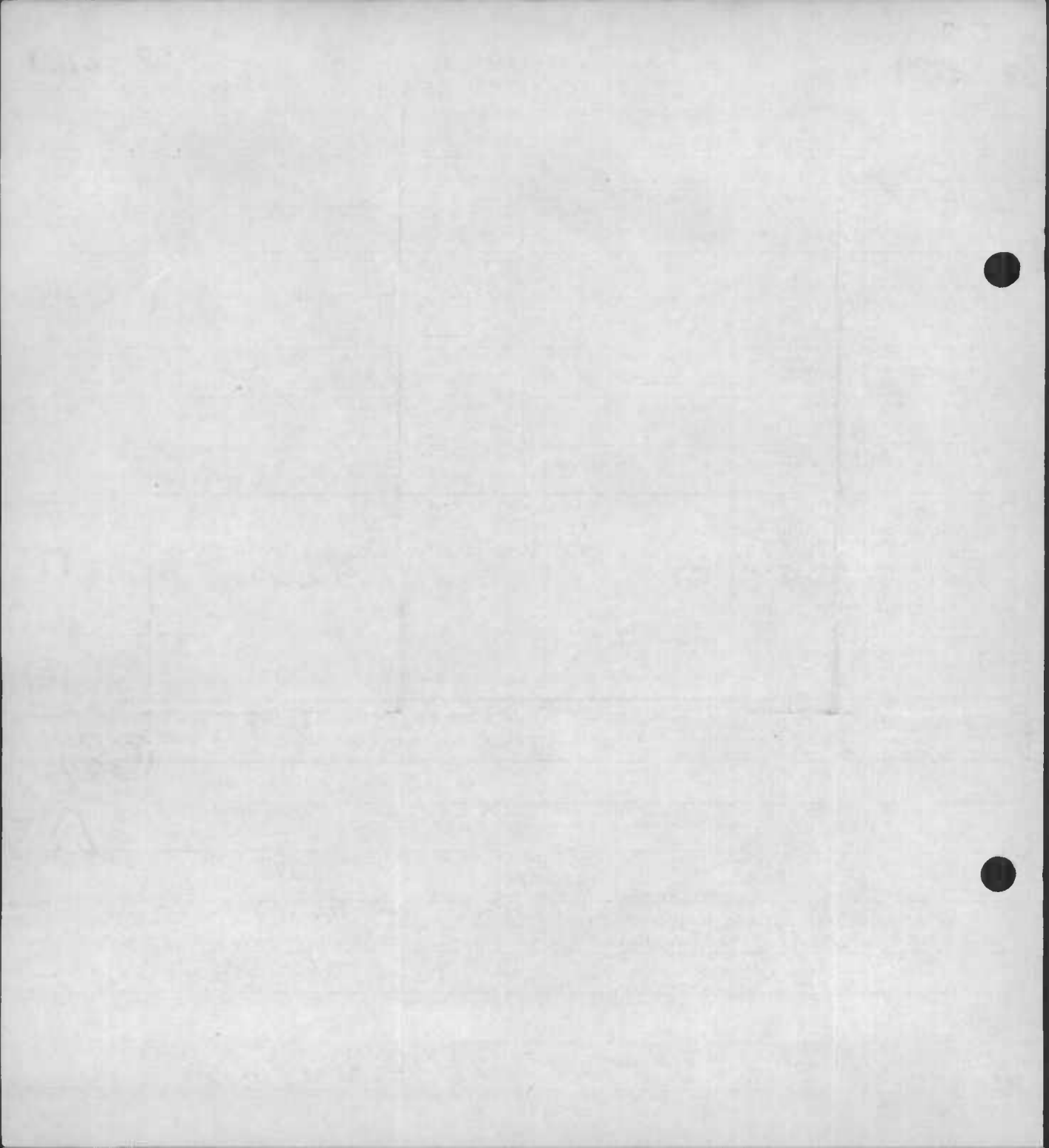
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2729
Registered No.

1. NAME OF DECEASED (Type or Print) Caroline Mary Lochary			2. DATE OF DEATH Mar. 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1316 Bolton Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore About 25 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1316 Bolton Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH -----	9. AGE (In years last birthday) 54	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Thomas Run, Harford Co.	
13. FATHER'S NAME John Lochary			12. CITIZEN OF WHAT COUNTRY? -----		
14. MOTHER'S MAIDEN NAME Mary E. Wilson			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Cassandra Lochary Belair, Md.		
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH -----					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO Malnutrition, Cachexia					
19A. DATE OF OPERATION -----					
19B. MAJOR FINDINGS OF OPERATION -----					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -----	
21D. TIME (Month) (Day) (Year) (Hour) INJURY -----		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? -----	
22. I hereby certify that I attended the deceased from October 1949 to March 18, 1952 , that I last saw the deceased alive on 3/18/1952 , and that death occurred at 8 A m., from the causes and on the date stated above.					
23A. SIGNATURE John R. Davis		23B. ADDRESS 401 Medical Arts Bldg		23C. DATE SIGNED 3/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/52		24C. NAME OF CEMETERY OR CREMATORY St. Ignatius'	
24D. LOCATION (City, town, or county) (State) Hickory, Md.		25. FUNERAL DIRECTOR ADDRESS W. B. Peake and Son 805 N. Calvert St			
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952 VS 150					

MEDICAL CERTIFICATION

0938V



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2730**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH PERKINSON

2. DATE OF DEATH **March 17, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3712 Sequoia Avenue

Length of stay in Baltimore **65** Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 6, 1886

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk

10B. KIND OF BUSINESS OR INDUSTRY
B. & O. Railroad

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Perkinson

14. MOTHER'S MAIDEN NAME
Anastasia Shally

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **E812.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fractured skull**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Laceration of brain**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Ruptured spleen

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Howard and Lombard Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/6/52 12:45 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by trailer truck

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **3/17/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1952

REGISTRAR'S SIGNATURE

Thurston Williams, M.D. 2/2/52 and Douglas H. Calver

25. FUNERAL DIRECTOR

ADDRESS

V S 151

N 703.2

39050

MEDICAL CERTIFICATION

FILE COPY



420
52 2731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2731

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Welsh

2. DATE
OF
DEATH

3-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

University Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

15
Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1877-1-30

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Lester O'Brien

14. MOTHER'S MAIDEN NAME

Martha Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Vaughan

Randallstown

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) ~~Hypertension~~
Hypertensive heart disease and
DUE TO embolus thrombo-embolism
and cardiac enlargement.
(B) ~~Compensated right heart failure~~
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

old age

19A. DATE OF OPERATION

2-1-52

19B. MAJOR FINDINGS OF OPERATION

medial thigh amputation of right leg.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3-2, 1952, to 3-17, 1952, that I last saw the
deceased alive on 3-17, 1952, and that death occurred at 10:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Douglas M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-20-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive

24D. LOCATION (City, town, or county)

Carroll Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 19 1952

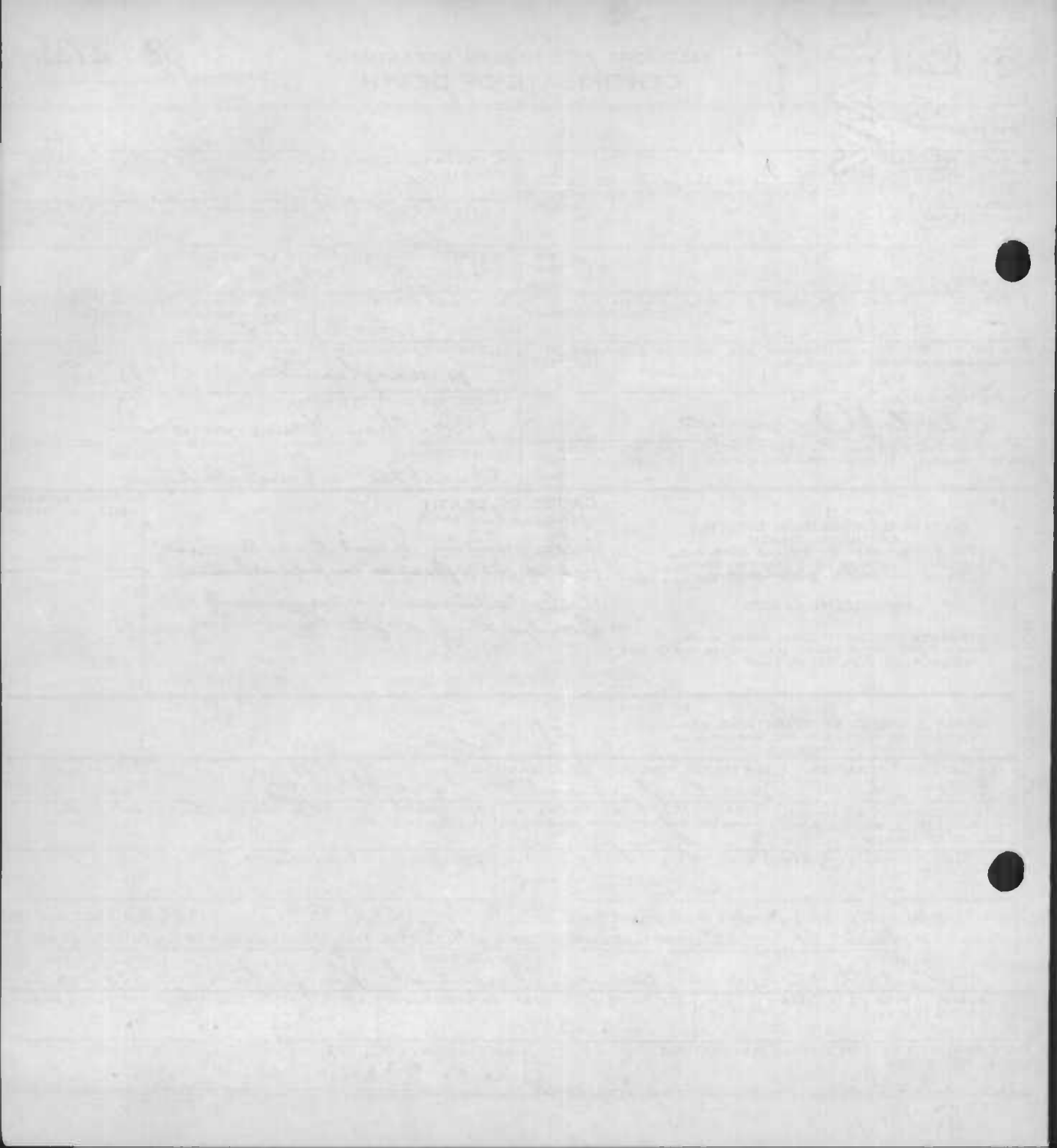
Huntington White, M.D.

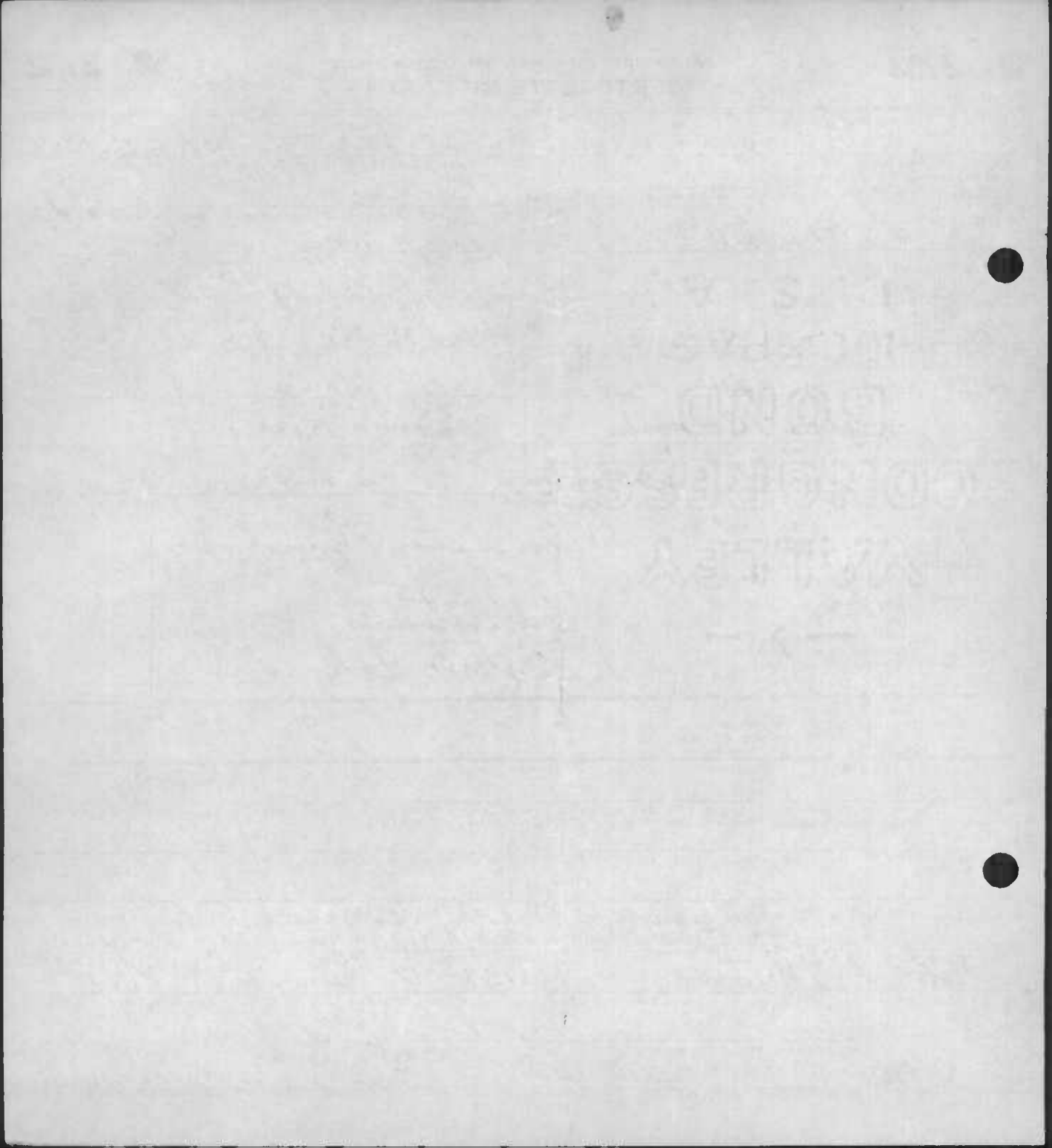
25. FUNERAL DIRECTOR

C. M. Baltz, 2

ADDRESS

Winfield, Md.





**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52-2733

460
52-2733
BIRTH NO.

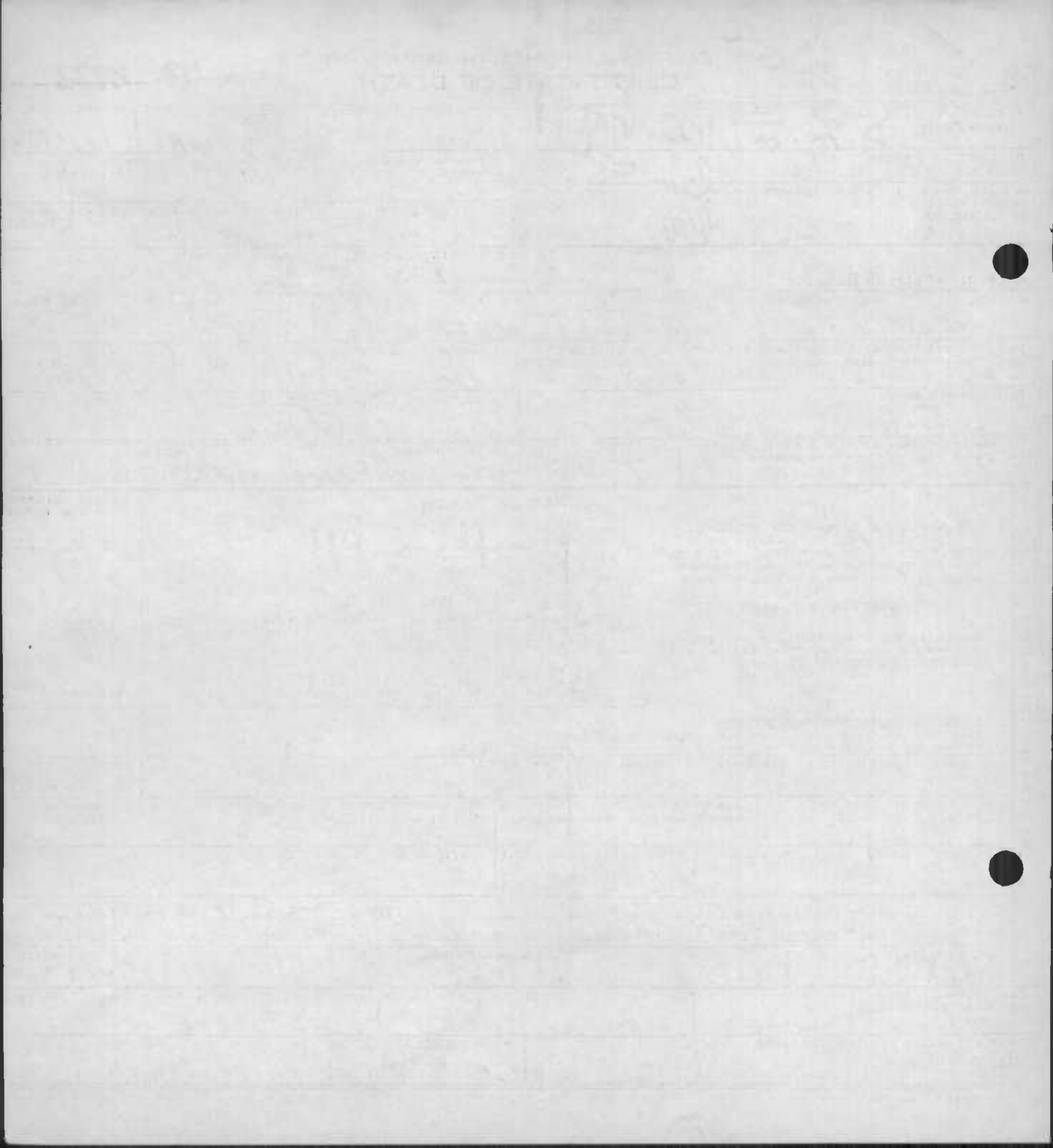
1. NAME OF DECEASED (Type or Print) <u>META MARTHA KLAKE</u>			2. DATE OF DEATH <u>MARCH 18, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>12-03</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2835 ST. PAUL ST.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>BALTIMORE</u>		
C. Length of stay in Baltimore <u>LIFE</u>			D. STREET ADDRESS (If rural, give location) <u>2835 ST. PAUL ST.</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 22, 1863</u>		9. AGE (In years last birthday) <u>89</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>SIMON BOLTE</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT ADDRESS <u>NITA SHAMBERGER 2835 ST. PAUL ST.</u>		

18. <u>334X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Thromboplegia Left</u> DUE TO (B) <u>Cerebral Arterio Sclerosis</u> DUE TO (C) <u>Chronic Myo-Carditis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u> <u>year.</u>
---	---	---

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1940 to MARCH 18, 1952, that I last saw the deceased alive on MARCH 18, 1952, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE <u>HENRY M. FOSTER</u>		23B. ADDRESS <u>2124 ST. PAUL ST.</u>		23C. DATE SIGNED <u>3/18/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>3-20-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>LODGE PARK</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, MD.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1952</u>		25. FUNERAL DIRECTOR ADDRESS <u>Huntington Williams & Co. Geo. C. Schwab 2101 FREDERICK AVE.</u>		



520
52 2734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2734

1. NAME OF DECEASED (Type or Print) Blanche Cecelia Thomas			2. DATE OF DEATH March 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 311 S. Monroe St.			C. CITY OR TOWN (If outside corporate limits, write R.U.D. and give township) BALTIMORE		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 311 S. Monroe St.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 4, 1876	9. AGE (In years last birthday) 76	10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Whitney			14. MOTHER'S MAIDEN NAME Minnie Hardy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT FRANK THOMAS			ADDRESS 311 S. Monroe St.		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 16, 1952 , to March 18, 1952 , that I last saw the deceased alive on March 18, 1952 , and that death occurred at 6:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Albert Scagnetta		23B. ADDRESS 1729 W. Lombard St.	23C. DATE SIGNED 3/19/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-21-52	24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. L. Schwab ADDRESS 2101 Frederick Ave	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2735

BIRTH NO.

1. NAME OF DECEASED (Type or Print) STEPHEN R. DUFFY			2. DATE OF DEATH March 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1615 Eutaw Place			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 13, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Periodical Publishing Ser. Bureau		
11. BIRTHPLACE (State or foreign country) New Mexico			12. CITIZEN OF WHAT COUNTRY? ✓		
13. FATHER'S NAME John Duffy			14. MOTHER'S MAIDEN NAME Julia Shields		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John T. Gallagher, 2549 Church Avenue Brooklyn, N.Y.		

18. 022X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured abdominal aneurysm DUE TO and intraperitoneal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED March 18, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 3/19/52	24C. NAME OF CEMETERY OR CREMATORY New York	24D. LOCATION (City, town, or county) (State) New York

DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street
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1775

1775

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2736

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT M. DONOVAN, SR.		2. DATE OF DEATH March 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 725 E. 37th Street		C. CITY OR TOWN (If outside corporate limits, write at U.S. and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 725 E. 37th Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator		10B. KIND OF BUSINESS OR INDUSTRY News Post	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward L. Donovan		14. MOTHER'S MAIDEN NAME Margaret E. Carr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes	(If yes, give war or dates of service) W. W. I	16. SOCIAL SECURITY NO. 215-10-8735	17. INFORMANT Sue W. Donovan, 725 East 37th Street

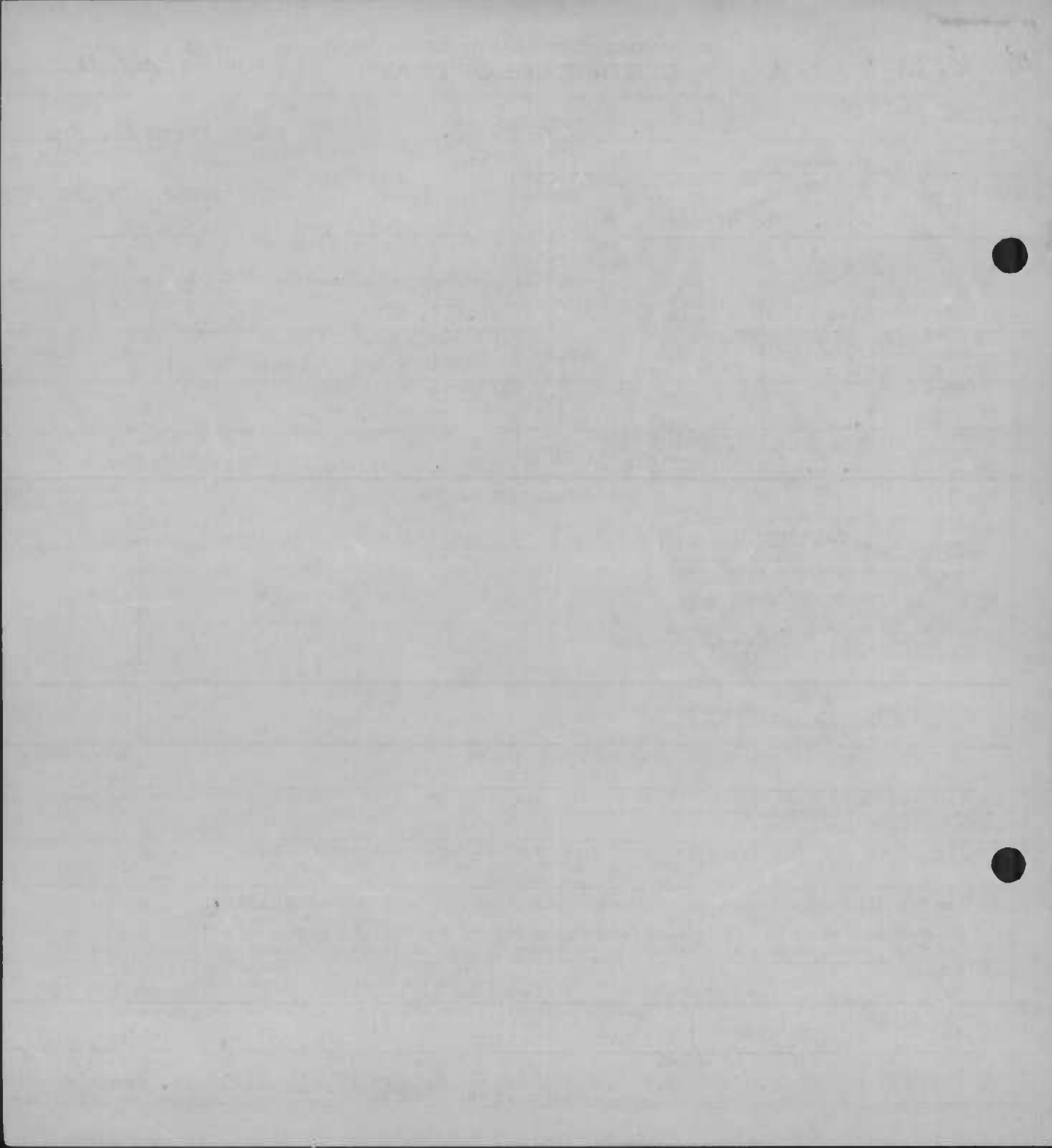
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic cardiovascular disease DUE TO (A) Anteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED March 18, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/21/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR Wm. Cook & Son	ADDRESS 1217 St. Paul Street
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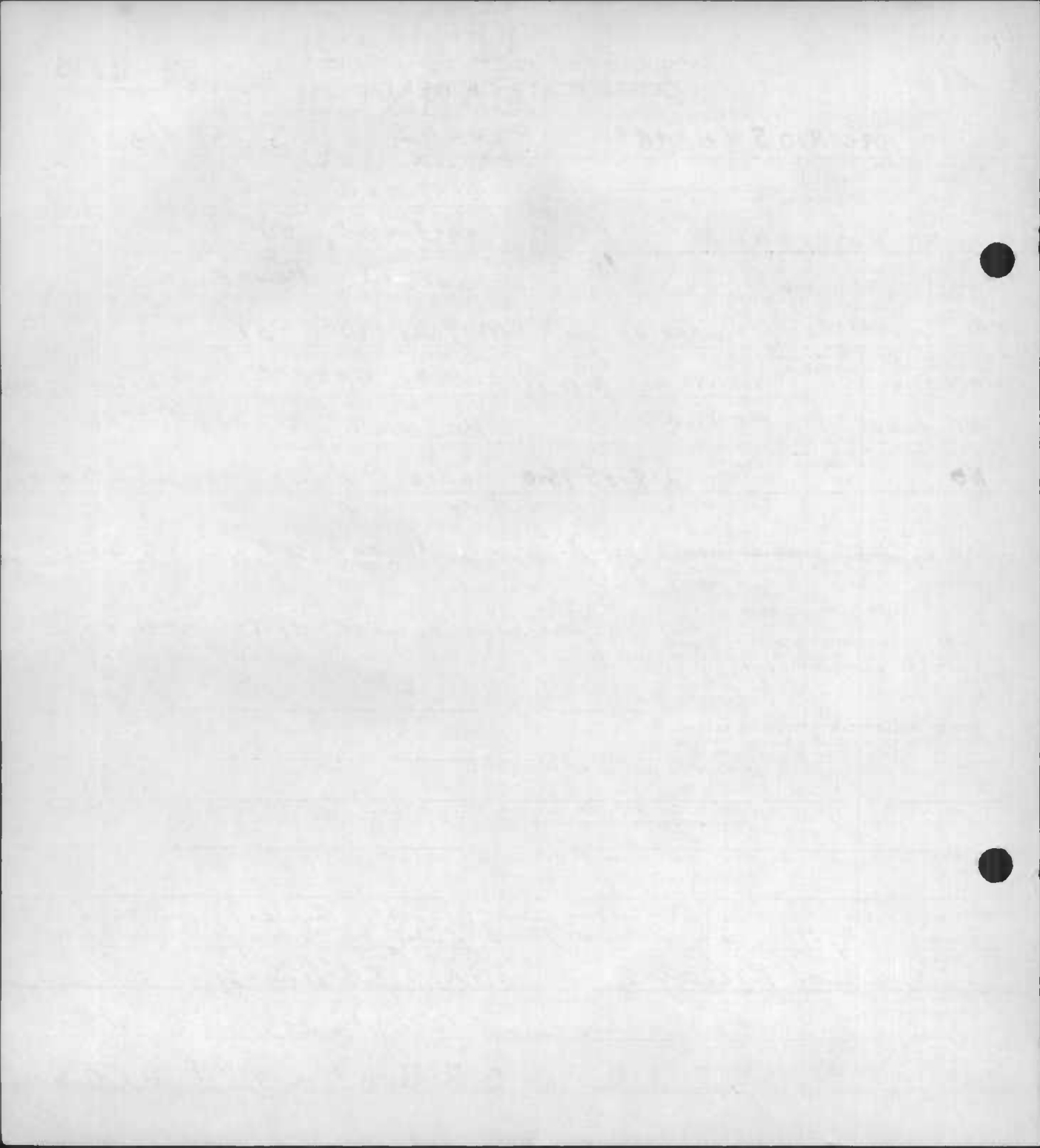
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2738

1. NAME OF DECEASED (Type or Print) ARGIRIOS (HARRY) POULOS		2. DATE OF DEATH 3/17/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION BALTO. CITY HOSPITALS		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 24	
C. Length of stay in Baltimore 16 Yrs. 4 Mos. 4 Days		D. STREET ADDRESS (If rural, give location) 605 S. PONCA ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 21, 1900
9. AGE (In years last birthday) 51		10. Under 1 Year: Months: Days 11. Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURATEUR		10B. KIND OF BUSINESS OR INDUSTRY INDUSTRIAL CATERING	
11. BIRTHPLACE (State or foreign country) CHIOS, GREECE		12. CITIZEN OF WHAT COUNTRY? UNITED STATES	
13. FATHER'S NAME NICHOLAS POULOS		14. MOTHER'S MAIDEN NAME POULODIA KRIATSOULA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 218-05-9500	
17. INFORMANT James S. Jelas		ADDRESS 4714 Eastern Ave. 24, Md.	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Recurrent Coronary Occlusion 9 Mts. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerosis Hypertension 3 yrs. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II DUE TO INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July , 19 51 , to March 17 , 19 52 that I last saw the deceased alive on 3/17 , 19 52 , and that death occurred at 1020 P. , from the causes and on the date stated above.			
23A. SIGNATURE Damian P. Magia		23B. ADDRESS 3316 Frederick St.	
23C. DATE SIGNED 3/18/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-20-52	
24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery		24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1952		REGISTRAR'S SIGNATURE Huntington S. Williams	
25. FUNERAL DIRECTOR Service Corp Inc		ADDRESS 440 E. North Ave.	

29064

MEDICAL CERTIFICATION



353

GUST STAMATACOS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2739

52 2739

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gust Stamatacos</i>			2. DATE OF DEATH <i>3-17-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>27-01</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 18</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>3211 Berkshire Rd.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1-17-1887</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days 11. Under 24 hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Restaurant owner</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>SPARTA GREECE</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Demetri STAMATACOS</i>			14. MOTHER'S MAIDEN NAME <i>Nicolaeta Parthenos</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Wife Same</i>		

18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>Primary Hepatoma of the liver</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 mos (?)</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <i>Hepato-Renal Syndrome</i> (B) <i>Terminal anemia</i> (C)	<i>4 days</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Saenec's Cirrhosis</i>		

19A. DATE OF OPERATION <i>2/5/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cirrhosis + Multiple Hepatomata</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-11*, 1952 to *3-17*, 1952 that I last saw the deceased alive on *3-17*, 1952, and that death occurred at *2 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Leonard H. Imel</i>	23B. ADDRESS <i>Union Memorial Hosp.</i>	23C. DATE SIGNED <i>3/17/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>3-20-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Cemetery</i>
		24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd.</i>

DATE RECEIVED BY LOCAL REGISTRAR *Mar 19 1952* REGISTRAR'S SIGNATURE *Wilmington Williams, M.D.* FUNERAL DIRECTOR *Lombard Inc.* ADDRESS *440 E. North Ave.*

6-13-56

MT. C. 25-1-1

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2740**

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2740
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Anna Schul			2. DATE OF DEATH March 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3162 Wilkins Ave.		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH July 12		11. AGE (In years last birthday) 80 If Under 1 Year: Months: Days: If Under 24 Hours: Min.
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			13. KIND OF BUSINESS OR INDUSTRY		
14. FATHER'S NAME Frederick Rosenberger			15. MOTHER'S MAIDEN NAME Mary		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. SOCIAL SECURITY NO.		
18. INFORMANT			ADDRESS		
HOSPITAL RECORDS.					

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/4 , 19 52 , to 3/18 , 19 52 , that I last saw the deceased alive on 3/18 , 19 52 , and that death occurred at 2:40 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Leo H. Ley Jr. M.O.		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 3/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3-20-1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS Charles E. Williams, Ellicott City, Md.	

DATE RECEIVED BY LOCAL REGISTRAR
MAR 19 1952

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2741
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph Carson</i>		2. DATE OF DEATH <i>3-15-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bar-Nil-Ba Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township) <i>Baltimore 7-04</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1613-Abbott-St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>?</i>	9. AGE (In years, last birthday) <i>? 75-77</i>	If Under 1 Year: Months: Days If Under 21 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Referee</i>		11. BIRTHPLACE (State or foreign country) / <i>Unknown</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mr. Borman 1607 E. Mad St</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio-Vascular</i> DUE TO <i>Renal disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>some yrs.</i>		CAUSE OF DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 1951</i> , to <i>Mar 15, 1952</i> , that I last saw the deceased alive on <i>Mar 15, 1952</i> , and that death occurred at <i>6:54 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>D. Fee</i>		23B. ADDRESS <i>924 N. Broadway</i>		23C. DATE SIGNED <i>3/15/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>20 March 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Not Cared by City</i>	
24D. LOCATION (City, town, or county) (State) <i>MD</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 19 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. FUNERAL DIRECTOR'S ADDRESS <i>1575 McEldry St</i>					

WALLEY
CONCRETE
FINDING
CO. INC.
BOSTON

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52 2742
BIRTH NO. 52-05622BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2742

1. NAME OF DECEASED (Type or Print) Infant of Cleo Show		2. DATE OF DEATH March 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE 1 day		D. STREET ADDRESS (If rural, give location) 1112 East 30th Street - 18	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 5, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY Infant	9. AGE (In years last birthday) 1
13. FATHER'S NAME William James Show		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Cleo Lorraine Hartlove	
17. INFORMANT Hospital Records		ADDRESS	

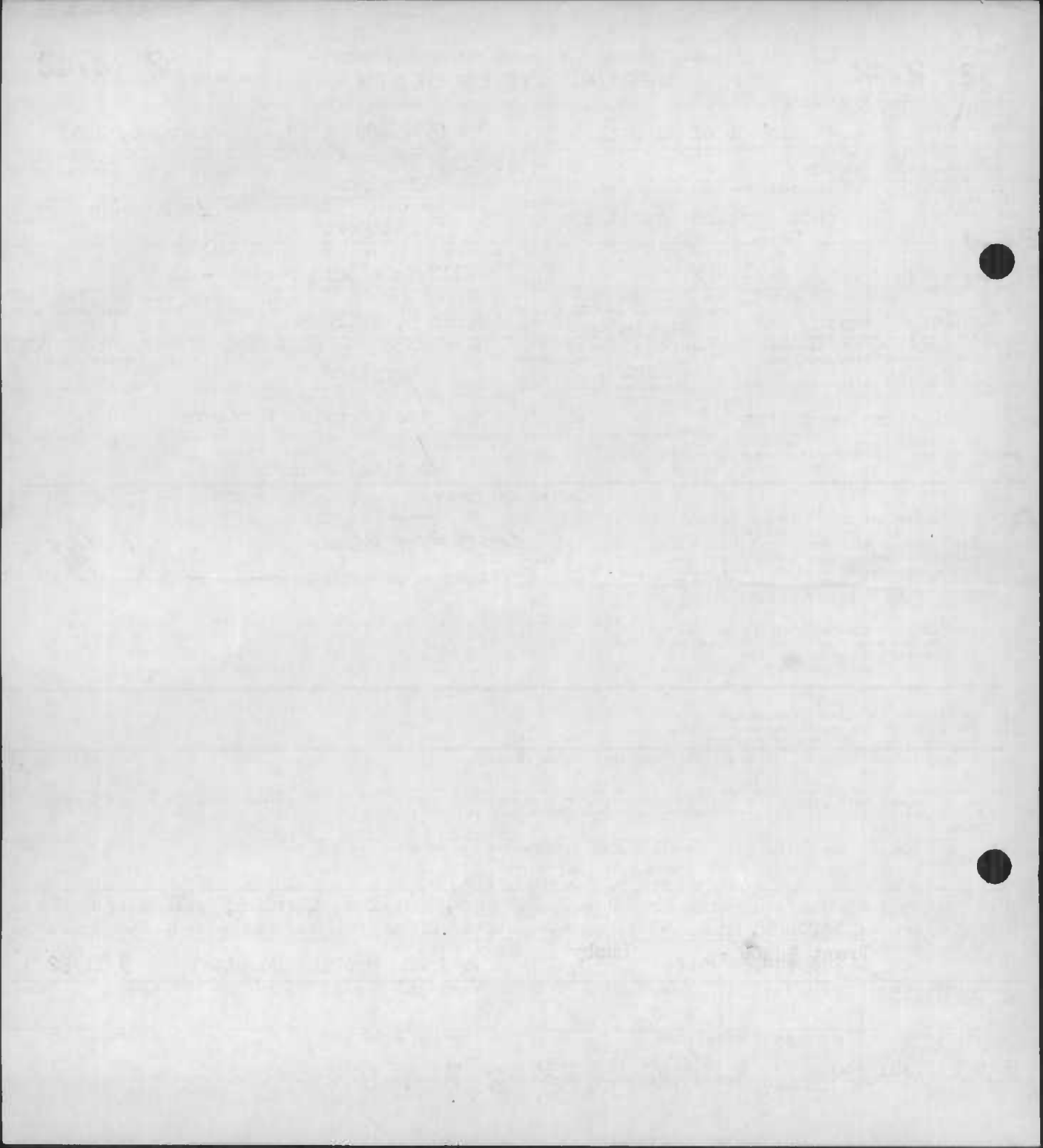
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 5, 1952, to March 6, 1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 7.20 Am., from the causes and on the date stated above.					
23A. SIGNATURE Frent Busby		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 3/11/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hop B. Deafoul		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 2 7 4 0		ADDRESS	

VS 150

MEDICAL CERTIFICATION



550
2743

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2743

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isadore Shuman

2. DATE
OF
DEATH

3/19/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

1300 Ashland Ave

c. Length of stay in Baltimore

30

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

76 1/2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10b. KIND OF BUSINESS OR INDUSTRY

Shoemaker

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lazer

14. MOTHER'S MAIDEN NAME

Mott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Shuman - Same

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

3 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Carcinoma of the Prostate

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to March 11, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2730 N. Charles St

3/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1952

Huntington Williams, Jr. 2400 Eatan Rd

11/12

11/12

11/12

11/12

11/12

11/12

11/12

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2744

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Bernard Udell</u>		2. DATE OF DEATH <u>Mar. 19-1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>D.C.</u> B. COUNTY <u>V-48</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Washington</u>	
C. Length of stay in Baltimore <u>50</u> Yrs. <u>50</u> Mos. <u>50</u> Days		D. STREET ADDRESS (If rural, give location) <u>327 2nd St.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>4-15-86</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Monuments</u>	9. AGE (In years last birthday) <u>65</u>
11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harvey Udell</u>		14. MOTHER'S MAIDEN NAME <u>Rose Stein</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>154X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <u>Peritonitis, due to leak of anastomosis, following resection for Carcinoma of Rectum</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION <u>C.A. resection</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5 to 3/19, 1952, that I last saw the deceased alive on 3/19, 1952 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Mark H. Ravitt</u> M.D.	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>3-19-52</u>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3-20-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Beth T. Felo</u>	24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 20 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Jack Lewis Inc 2100 Canton Rd</u>
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STATE OF NEW YORK
DEPARTMENT OF HEALTH

DATE OF BIRTH

NAME OF PATIENT
RESIDENCE
OCCUPATION
EDUCATION
RELIGION
MARRIAGE

AGE

SEX

432
2 2745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2745

1. NAME OF DECEASED (Type or Print) MORRIS B. OLETSKY		2. DATE OF DEATH 3-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Luthern Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
6. LENGTH OF stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3826 Reisterstown Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-29-1908
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Devil		10B. KIND OF BUSINESS OR INDUSTRY Movies	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? U.S.P.	
13. FATHER'S NAME Peter		14. MOTHER'S MAIDEN NAME Sophie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ruth Oletsky		ADDRESS Same	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Coronary thrombosis DUE TO ANTECEDENT CAUSES (B) none DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 4 hours
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-16-1952 to 3-18-1952 that I last saw the deceased alive on 3-18-1952 and that death occurred at 7:15 p.m. from the causes and on the date stated above.			
23A. SIGNATURE Jacob Cohen M.D.		23B. ADDRESS 1804 Eutan Place	
23C. DATE SIGNED 3/19/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/1952	
24C. NAME OF CEMETERY OR CREMATORY Balto Hebrew		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 2100 Eutan PL		ADDRESS	

MEDICAL CERTIFICATION

2908K

Coleman
1804 Canton Pe

352
52 2746
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2746

1. NAME OF DECEASED
(Type or Print)

Sitnick Toby

2. DATE
OF
DEATH

3. 19.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Sinai Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4024 Cold Spring Lane

C. Length of stay in Baltimore

32

Yrs.
Mon.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank

14. MOTHER'S MAIDEN NAME

Rifka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Sitnick - Same

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) C. V. A. cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3. 18. 52, 19, to 3. 19. 1952, that I last saw the
deceased alive on 3. 19. 1952, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Goldberg Morris M. D.

23B. ADDRESS

1014 N. Broadway

23C. DATE SIGNED

3. 19. 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-20-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

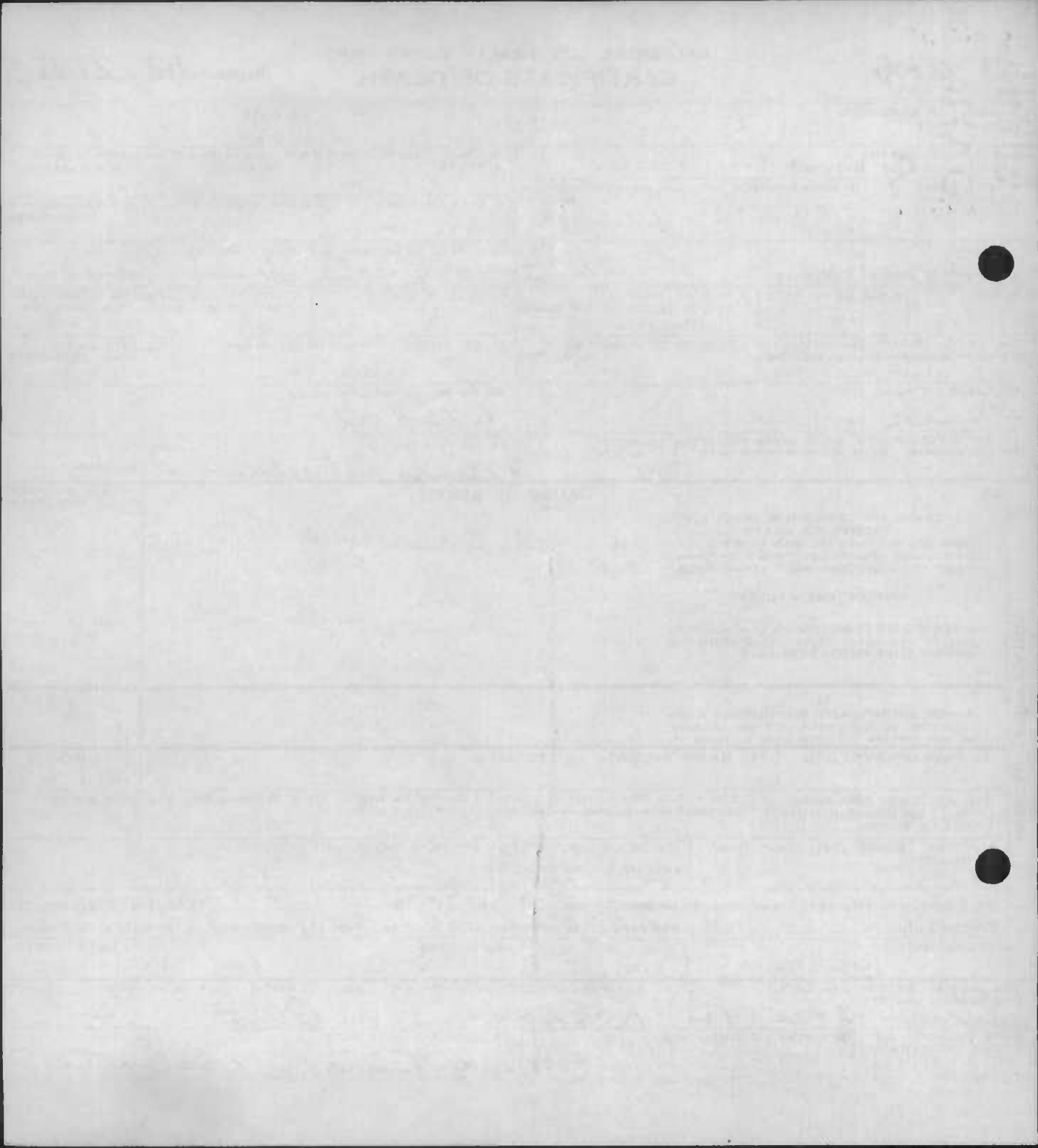
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

2100 Eutaw Pl



200
52 2747BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2747

1. NAME OF DECEASED (Type or Print) SAMUEL FISH		2. DATE OF DEATH 3-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 1304	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3400 Fairview Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3405 Woodbrook Ave		Yrs. Mos. Days	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saloonman		9. AGE (In years last birthday) 22	
10B. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Berish		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Molly	
16. SOCIAL SECURITY NO. 213-05-4592		17. INFORMANT Letta Fish ADDRESS Same	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ante Coronary Thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Coronary Insufficiency DUE TO Intermittent coronary spasm		10 years 1937	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 1946 to month 18 , 1952, that I last saw the deceased alive on 3/16 , 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.			
23A. SIGNATURE A. A. Plum		23B. ADDRESS Tough Gardens apt.	
M. D.		23C. DATE SIGNED 3/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-20-52	
24C. NAME OF CEMETERY OR CREMATORY Rosedale		24D. LOCATION (City, town, or county) (State) Balto md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Lee Lewis		ADDRESS 2100 Canton Rd	

Alber
Temple Garden

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2748**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUSIE FORD

2. DATE
OF
DEATH

March 14, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

109 W. Conway Street

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

1866

9. AGE (In years last birthday)

86

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cambridge Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Backor Bell

14. MOTHER'S MAIDEN NAME

Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Johnson

ADDRESS **Balto. Md.**

109 Conway St.

18. **490X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

March 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

3-20-52

Wt. Auburn

Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

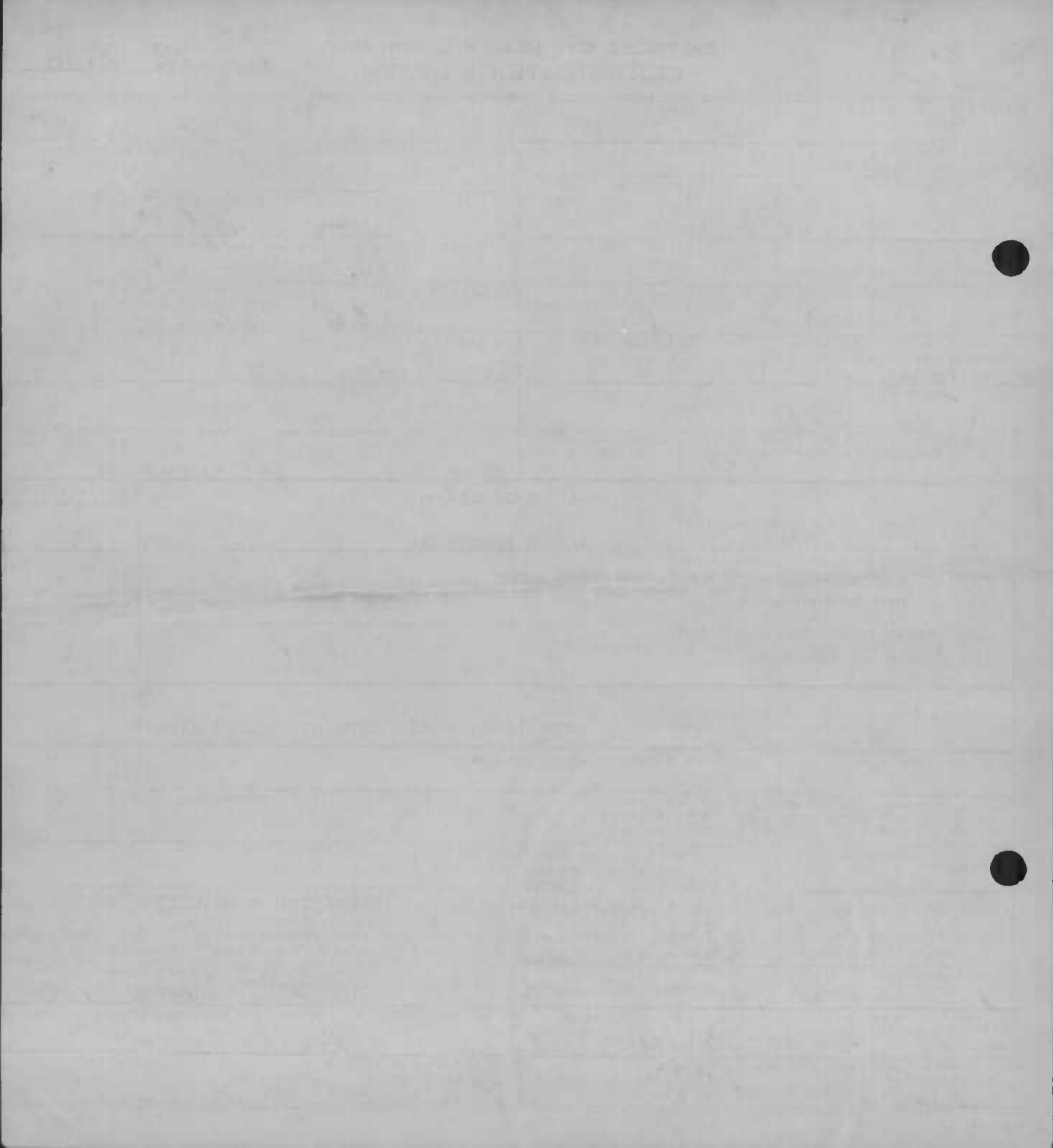
25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1952

Huntington W. Williams, M.D.

Charles H. Alexander



240
52 2749BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2749
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE M. HOSHALL

2. DATE
OF
DEATH

MARCH 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3703 ROLAND AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3703 ROLAND AVE

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 29, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN TURNBAUGH.

14. MOTHER'S MAIDEN NAME

CASSANDRA LOWE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CHARLES-E. HOSHALL-3703 ROLAND AVE

1B.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Myo. Carditis, Endocarditis

INTERVAL BETWEEN ONSET AND DEATH

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Rt. - Rheumatis

years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949 to March 18, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M.D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

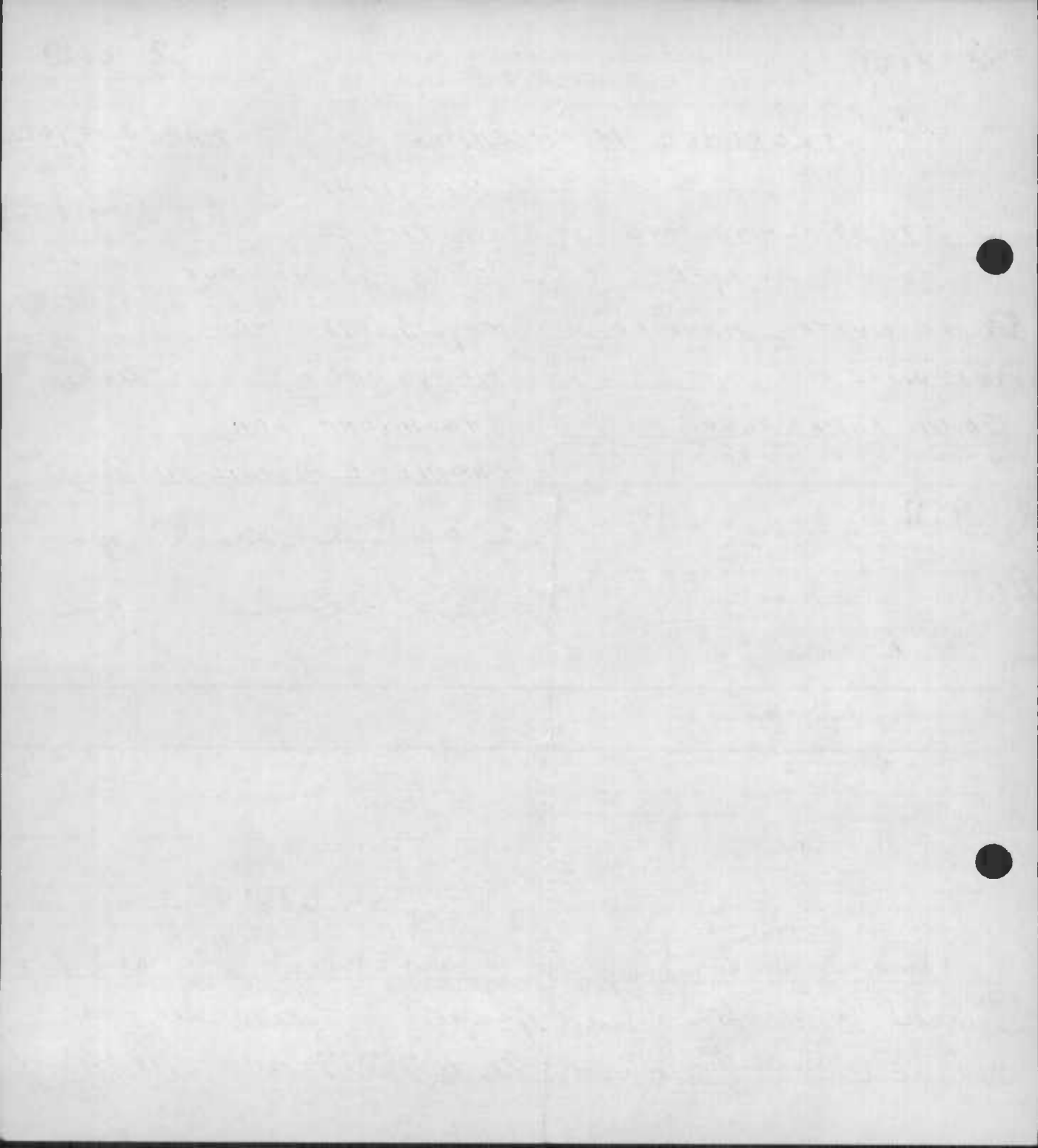
25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1952

VS 150

Burial Mar 22/52 Druid Ridge Lanesville, Md
Huntington Williams, Registrar
Charles E. Hoshall, Funeral Director
3818 Roland Ave.



326
52 2750BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2750

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BESSIE A. SWITZER		2. DATE OF DEATH MARCH 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION 610 JEFFERY ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 610 JEFFERY ST			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	B. DATE OF BIRTH MAY 6, 1881	9. AGE (In years last birthday) 70	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME LUTHER BABYLON		14. MOTHER'S MAIDEN NAME LUCINDA ?		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MRS. DAISY BAKER-829 W 34th ST.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Coronary Occlusion DUE TO (A) Acute Coronary Occlusion (B) Acute Coronary Occlusion (C) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 hrs.		19A. DATE OF OPERATION 0			
19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 18, 1952 , to March 18, 1952 , that I last saw the deceased alive on 3/18, 1952 , and that death occurred at 70 m., from the causes and on the date stated above.					
23A. SIGNATURE Paul Fulem		23B. ADDRESS 320 Patuxent Ave		23C. DATE SIGNED 3/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 21/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md		25. FUNERAL DIRECTOR Huntington Williams, 1411 E. Donnan		25. FUNERAL DIRECTOR ADDRESS 3818 Roland Ave	

CONFIDENTIAL
SECRET
CONFIDENTIAL
SECRET

520

52 2751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2751

1. NAME OF DECEASED (Type or Print) <i>Evelyn Thomas</i>		2. DATE OF DEATH <i>Mar 17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3426 E Lombard</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Balls Blk 26-08</i>	
C. Length of stay in Baltimore <i>life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3501 E Lombard</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 1897</i>
9. AGE (In years last birthday) <i>54</i>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Balls</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Schuyler</i>		14. MOTHER'S MAIDEN NAME <i>Mary Baker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wm Thomas</i>		ADDRESS <i>5401 Walther Blvd</i>	
18. <i>42011</i> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Sclerosis</i>			
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardiovascular Disease</i>			
DUE TO <i>Hypertension</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-17-51</i> , 19__, to <i>3-17-52</i> , 19__, that I last saw the deceased alive on <i>2-6-52</i> , 19__, and that death occurred at <i>4:40 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>John Constantine</i>		23B. ADDRESS <i>238 E. Lombard St.</i>	
23C. DATE SIGNED <i>3-19-52</i>			
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 21/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Balls</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Wm L. Home</i>		ADDRESS <i>2004 Orleans</i>	

VALLEY
CONGRESS

BOND

100-3-6

1-5-1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2752**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM CARVALLO (KLUCZYK)

2. DATE OF DEATH **March 16, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2818 Old North Point Road

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Feb 14 1935

9. AGE (In years last birthday)

17

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wood Worker

10B. KIND OF BUSINESS OR INDUSTRY

Box Factory

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kluczyk

14. MOTHER'S MAIDEN NAME

Agnes Ryanzowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Joseph Garello 2818 Old North Point Road

18. **E819.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Penetrating wound of the chest**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

7400 Block German Hill Road 5300

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/16/52 10:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto which struck fence

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **3/17/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 20/52

24C. NAME OF CEMETERY OR CREMATORY

Land Heart

24D. LOCATION (City, town, or county)

Balt Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

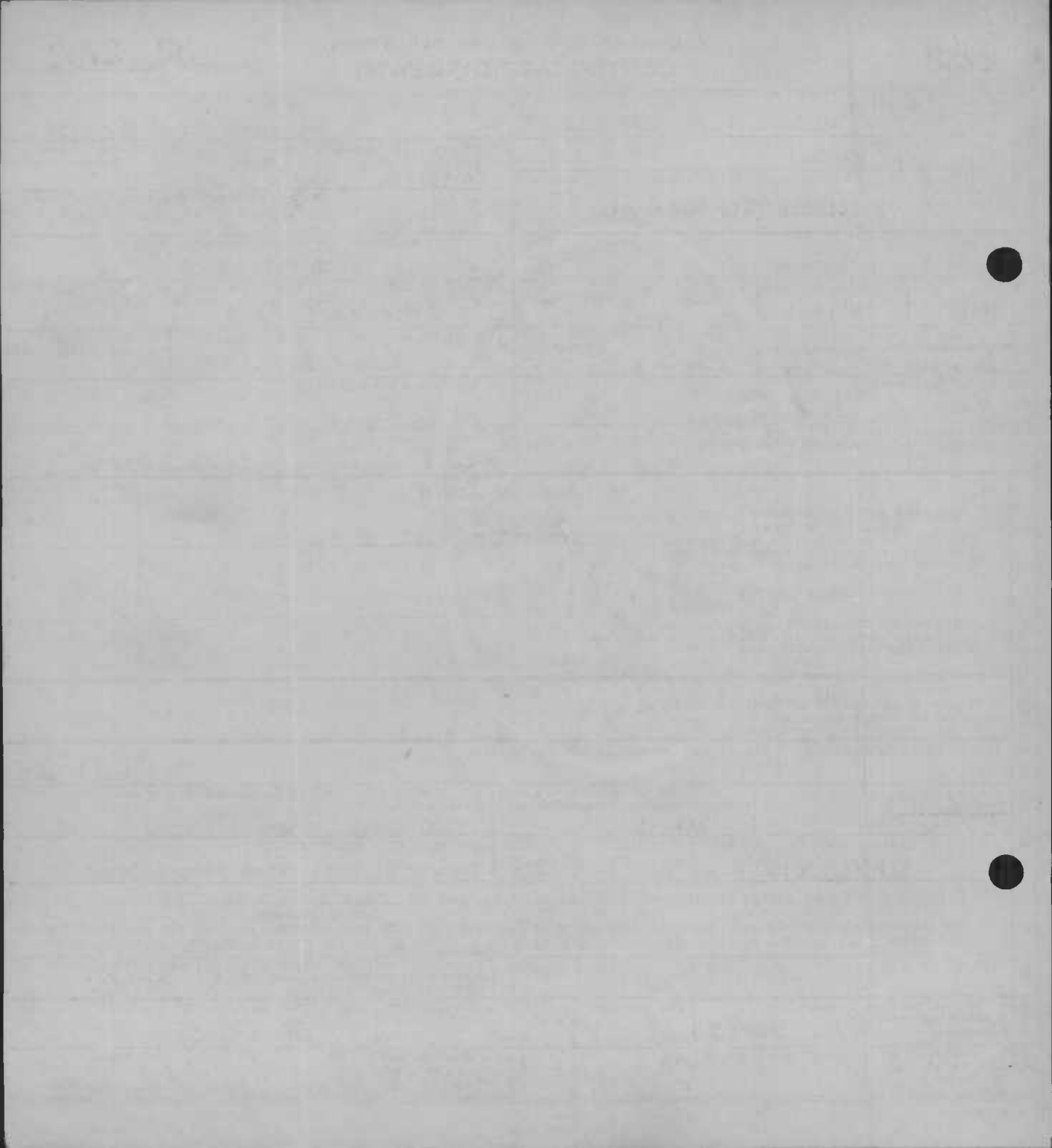
Will & Rose 2112 Densdale

V S 151

N 812.2

69032

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 2753

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J. MITTEN

2. DATE
OF
DEATH

March 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

915 W. North Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

915 W. North Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 17, 1900

9. AGE (In years last birthday)

51

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Construction Bldg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Mitten

14. MOTHER'S MAIDEN NAME

Wilma Buckingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-10-7339

17. INFORMANT

ADDRESS

Mrs. Isabelle Mitten - 915 W. North Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

~~20578~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial infarct

~~20578~~

(C) Aneurysm of myocardium

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒

NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Loefer

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Sons

ADDRESS

Balto Md

V S 151

57424

MEDICAL CERTIFICATION

RECEIVED
FEBRUARY 10 1960

Wm. J. ...
1000 ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2754

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWIN PARKE FELLEBAUM

2. DATE OF DEATH Mar. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3030 Woodland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3030 Woodland Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 17, 1876

9. AGE (In years last birthday)

75

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clergyman (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Methodist Church

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas J. Fellenbaum

14. MOTHER'S MAIDEN NAME

Mary E. Fiester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bessie Fellenbaum - 3030 Woodland Av

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Cardiac Dilatation

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetes melitus.

DOE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1949 to Mar 18, 1952 that I last saw the deceased alive on Mar 18, 1952 and that death occurred at 3:19 PM from the causes and on the date stated above.

23A. SIGNATURE

George E. Shannon MD

23B. ADDRESS

820 Medical Hill Bldg

23C. DATE SIGNED

3/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5/11/52

25. FUNERAL DIRECTOR

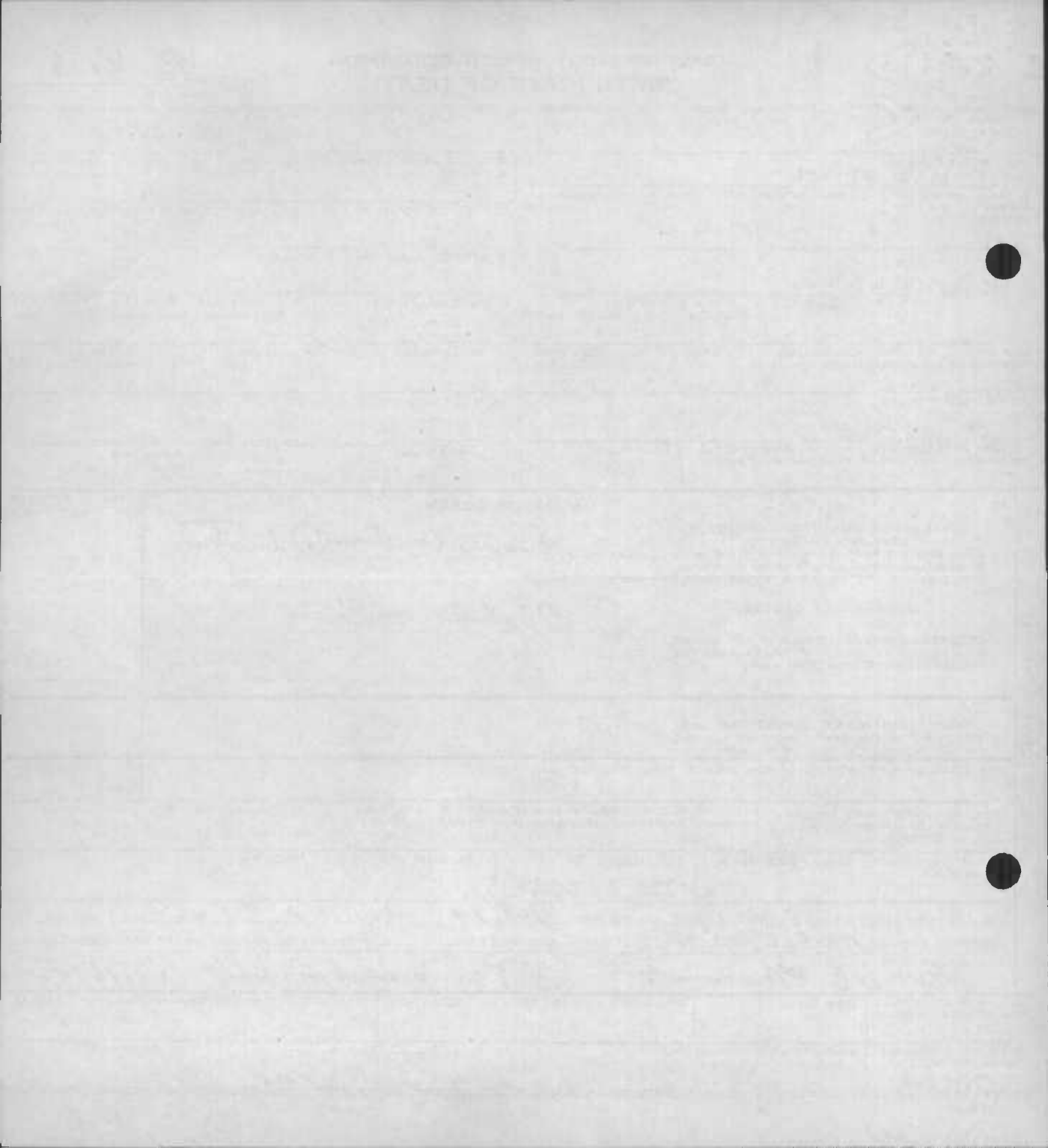
ADDRESS

Wm. J. Tishener & Sons

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2755

BIRTH NO. 635

1. NAME OF DECEASED
(Type or Print) OLIVE EDNA BRIDNER

2. DATE OF DEATH March 18, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 13-06

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore
Yrs. 0 Mos. 0 Days 0

D. STREET ADDRESS (If rural, give location)
3513 Falls Rd.

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 6/25/1901 9. AGE (In years last birthday) 50 yrs. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
William E. Banks

14. MOTHER'S MAIDEN NAME
Eleanor Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Charles Bridner - 3513 Falls Rd.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Glomerulonephritis
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/28, 1952, to 3/18, 1952, that I last saw the deceased alive on 3/18, 1952, and that death occurred at 3:00 P m., from the causes and on the date stated above.

23A. SIGNATURE Leo H. Lay Jr. M. D.

23B. ADDRESS St. Agnes Hosp.

23C. DATE SIGNED 3/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE 3/21/52

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

6141 5th Tickner & Saw
Balto 17, Md.

STATE INSTITUTIONS

RECEIVED

NOV 10 1900

STATE INSTITUTIONS

RECEIVED

NOV 10 1900

STATE INSTITUTIONS

RECEIVED

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STATE INSTITUTIONS

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NOV 10 1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2756**

622
2 2/56

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIAM HOULTON GORSUCH, SR.		Mar. 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
3401 Harford Rd.			Md.		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			D. STREET ADDRESS (If rural, give location)		
Baltimore			3401 Harford Rd.		
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
				married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
salesman		Tomb Stones		Feb. 24, 1884	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (in years last birthday)	
Azariah Gorsuch		Ruth Houlton		68	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
no		215-09-7571A		Maryland	
17. INFORMANT		ADDRESS			
Mrs. Birdie M. Gorsuch		3401 Harford Rd.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
155x I			Cerebral Embolism Lt. 3-19-52		
DUE TO			(A)		
ANTECEDENT CAUSES			(B) Bile Duct Carcinoma 6 mos.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO Common Duct Stone 2 yrs.		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Generalized Arteriosclerosis ?		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 4-23 -, 1951 to 3-19 -, 1952 that I last saw the deceased alive on 3-19 - 1952 and that death occurred at 12:48 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Robert H. Live		3105 N. Charles St. 18.		Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		3/22/52		Parkwood Cem.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S ADDRESS	
MAR 20 1952		Huntington Winters, Jr.		Wm. J. Sicker V Sars	
VS 150					

MEDICAL CERTIFICATION

4906U

Balto 17, Md.

1. Name of the plant or animal: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description: *...*

6. Remarks: *...*

7. Distribution: *...*

8. Uses: *...*

9. Other: *...*

623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2757
Registered No.2757
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Howard A. Morrisett			2. DATE OF DEATH 3-19-57		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1917 Hollins St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-03		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1917 Hollins St		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 24-1884		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work in most of working life even if retired) MACHINIST		10B. KIND OF BUSINESS OR INDUSTRY ENGINE BOILER-RR		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
13. FATHER'S NAME Willard Morrisett			14. MOTHER'S MAIDEN NAME CATHERINE DECKER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 418-10-4876		
			17. INFORMANT ADDRESS SUSIE M. MORRISSETT 1917 Hollins St		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis DUE TO arteriovascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral thrombosis DUE TO none		2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1956 , to 3/19/57 , 19 57 , that I last saw the deceased alive on 3/19/57 , and that death occurred at 7:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Henry Miller		23B. ADDRESS 1070 Wilkens Ave		23C. DATE SIGNED 3/20/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-22-57		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
				24D. LOCATION (City, town, or county) Balto md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1957		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		FUNERAL DIRECTOR ADDRESS 1027 E. B. M. Waller 54450 Prater Street	

10-15-58

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

10-15-58

[The body of the memorandum contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a standard memorandum format with a subject line, a body of text, and a conclusion. There are two punch holes visible on the right side of the page.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2758
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELISA JOEL FULLER

2. DATE OF DEATH

March 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **WOMANS CL.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

5-02

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

605 ENSOR ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SP

8. DATE OF BIRTH

May 25 - 93

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mo.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. **171X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Cervix**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Uremia**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 17, 1952** to **March 19, 1952**, that I last saw the deceased alive on **March 19, 1952**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Neil H. Chapman M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

March 20/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

112971. Carroll St.

7-11-68

12-89-

9

P

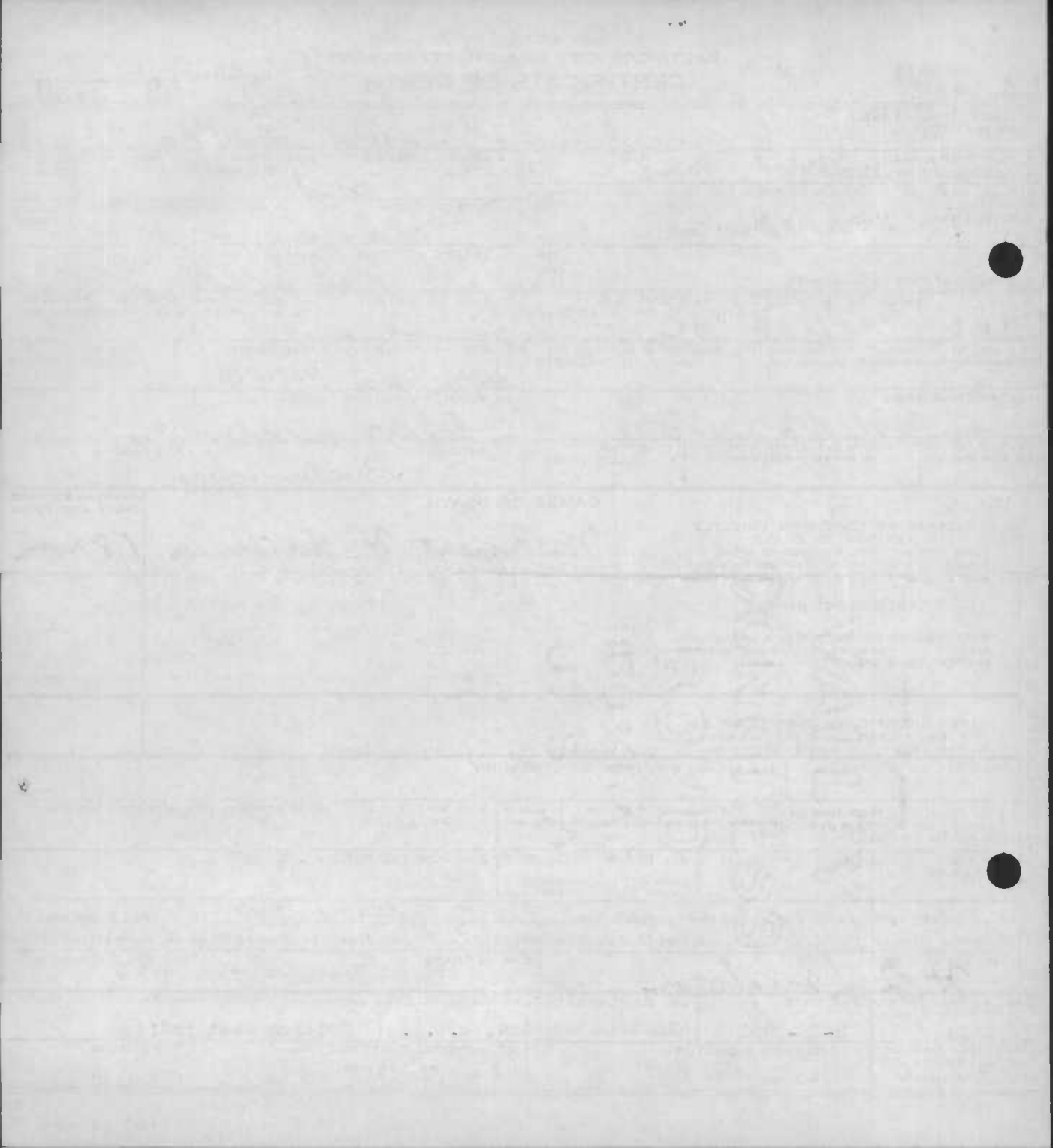
650
2758

Northernumberland Lane
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 2758

1. NAME OF DECEASED (Type or Print) <i>Cornelius Brown</i>		2. DATE OF DEATH <i>Mar 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med Cal 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Mushroom</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Lockersville 5200</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-29-02</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>49</i>
11. BIRTHPLACE (State or foreign country) <i>Jamaica B.W.I.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Brown</i>		14. MOTHER'S MAIDEN NAME <i>Olivia Allen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>445X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Malignant Hypertension</i>	CAUSE OF DEATH <i>Malignant Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1.8 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-10-</i> , 19 <i>52</i> to <i>3-14-</i> , 19 <i>52</i> that I last saw the deceased alive on <i>3-14-</i> , 19 <i>52</i> ; and that death occurred at <i>3:45</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. S. Langford</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/17/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>3-20-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Kingston Jamaica, B.W.I.</i>	
24D. LOCATION (City, town, or county) (State) <i>British West Indies</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Met. Registrar & Sanders</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1952</i>		ADDRESS <i>217 East Preston Street</i>			



520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2760

BIRTH NO. 2760 154737

1. NAME OF DECEASED (Type or Print) Lawrence Schenk			2. DATE OF DEATH March 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4913 O'Donnell Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 23, 1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) UNEMPLOYED			10B. KIND OF BUSINESS OR INDUSTRY CITY WORKER		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Schenk			14. MOTHER'S MAIDEN NAME Crescentia Weinbeck		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Records: Baltimore City Hospitals			ADDRESS 4940 Eastern Avenue		

18. 141X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of pyriform fossa, base of tongue		INTERVAL BETWEEN ONSET AND DEATH 2 years
DUE TO Terminal pneumonia, right lung		
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-12**, 19**51**, to **3-18**, 19**52**, that I last saw the deceased alive on **3-18**, 19**52**, and that death occurred at **12 Noon**, from the causes and on the date stated above.

23A. SIGNATURE **P.D. Rogers** M.D. **4940 Eastern Avenue, Balto., Md.** 23C. DATE SIGNED **3-19-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 21, 1952	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd., Ba. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles S. Giller	ADDRESS 901 S. Conkling St.

1911

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1911

REPORT OF THE
COMMISSIONER OF HEALTH
ON THE
MORBIDITY AND MORTALITY
IN THE STATE OF NEW YORK
FOR THE YEAR 1911

MORBIDITY		MORTALITY	
Year	Number of Cases	Year	Number of Deaths
1911	1,234,567	1911	123,456
1910	1,123,456	1910	112,345
1909	1,012,345	1909	101,234
1908	901,234	1908	90,123
1907	890,123	1907	89,012
1906	789,012	1906	78,901
1905	678,901	1905	67,890
1904	567,890	1904	56,789
1903	456,789	1903	45,678
1902	345,678	1902	34,567
1901	234,567	1901	23,456
1900	123,456	1900	12,345
1899	112,345	1899	11,234
1898	101,234	1898	10,123
1897	90,123	1897	9,012
1896	89,012	1896	8,901
1895	78,901	1895	7,890
1894	67,890	1894	6,789
1893	56,789	1893	5,678
1892	45,678	1892	4,567
1891	34,567	1891	3,456
1890	23,456	1890	2,345
1889	12,345	1889	1,234
1888	11,234	1888	1,123
1887	10,123	1887	1,012
1886	9,012	1886	901
1885	8,901	1885	890
1884	7,890	1884	789
1883	6,789	1883	678
1882	5,678	1882	567
1881	4,567	1881	456
1880	3,456	1880	345
1879	2,345	1879	234
1878	1,234	1878	123
1877	112,345	1877	11,234
1876	101,234	1876	10,123
1875	90,123	1875	9,012
1874	89,012	1874	8,901
1873	78,901	1873	7,890
1872	67,890	1872	6,789
1871	56,789	1871	5,678
1870	45,678	1870	4,567
1869	34,567	1869	3,456
1868	23,456	1868	2,345
1867	12,345	1867	1,234
1866	11,234	1866	1,123
1865	10,123	1865	1,012
1864	9,012	1864	901
1863	8,901	1863	890
1862	7,890	1862	789
1861	6,789	1861	678
1860	5,678	1860	567
1859	4,567	1859	456
1858	3,456	1858	345
1857	2,345	1857	234
1856	1,234	1856	123
1855	112,345	1855	11,234
1854	101,234	1854	10,123
1853	90,123	1853	9,012
1852	89,012	1852	8,901
1851	78,901	1851	7,890
1850	67,890	1850	6,789
1849	56,789	1849	5,678
1848	45,678	1848	4,567
1847	34,567	1847	3,456
1846	23,456	1846	2,345
1845	12,345	1845	1,234
1844	11,234	1844	1,123
1843	10,123	1843	1,012
1842	9,012	1842	901
1841	8,901	1841	890
1840	7,890	1840	789
1839	6,789	1839	678
1838	5,678	1838	567
1837	4,567	1837	456
1836	3,456	1836	345
1835	2,345	1835	234
1834	1,234	1834	123
1833	112,345	1833	11,234
1832	101,234	1832	10,123
1831	90,123	1831	9,012
1830	89,012	1830	8,901
1829	78,901	1829	7,890
1828	67,890	1828	6,789
1827	56,789	1827	5,678
1826	45,678	1826	4,567
1825	34,567	1825	3,456
1824	23,456	1824	2,345
1823	12,345	1823	1,234
1822	11,234	1822	1,123
1821	10,123	1821	1,012
1820	9,012	1820	901
1819	8,901	1819	890
1818	7,890	1818	789
1817	6,789	1817	678
1816	5,678	1816	567
1815	4,567	1815	456
1814	3,456	1814	345
1813	2,345	1813	234
1812	1,234	1812	123
1811	112,345	1811	11,234
1810	101,234	1810	10,123
1809	90,123	1809	9,012
1808	89,012	1808	8,901
1807	78,901	1807	7,890
1806	67,890	1806	6,789
1805	56,789	1805	5,678
1804	45,678	1804	4,567
1803	34,567	1803	3,456
1802	23,456	1802	2,345
1801	12,345	1801	1,234
1800	11,234	1800	1,123
1799	10,123	1799	1,012
1798	9,012	1798	901
1797	8,901	1797	890
1796	7,890	1796	789
1795	6,789	1795	678
1794	5,678	1794	567
1793	4,567	1793	456
1792	3,456	1792	345
1791	2,345	1791	234
1790	1,234	1790	123
1789	112,345	1789	11,234
1788	101,234	1788	10,123
1787	90,123	1787	9,012
1786	89,012	1786	8,901
1785	78,901	1785	7,890
1784	67,890	1784	6,789
1783	56,789	1783	5,678
1782	45,678	1782	4,567
1781	34,567	1781	3,456
1780	23,456	1780	2,345
1779	12,345	1779	1,234
1778	11,234	1778	1,123
1777	10,123	1777	1,012
1776	9,012	1776	901
1775	8,901	1775	890
1774	7,890	1774	789
1773	6,789	1773	678
1772	5,678	1772	567
1771	4,567	1771	456
1770	3,456	1770	345
1769	2,345	1769	234
1768	1,234	1768	123
1767	112,345	1767	11,234
1766	101,234	1766	10,123
1765	90,123	1765	9,012
1764	89,012	1764	8,901
1763	78,901	1763	7,890
1762	67,890	1762	6,789
1761	56,789	1761	5,678
1760	45,678	1760	4,567
1759	34,567	1759	3,456
1758	23,456	1758	2,345
1757	12,345	1757	1,234
1756	11,234	1756	1,123
1755	10,123	1755	1,012
1754	9,012	1754	901
1753	8,901	1753	890
1752	7,890	1752	789
1751	6,789	1751	678
1750	5,678	1750	567
1749	4,567	1749	456
1748	3,456	1748	345
1747	2,345	1747	234
1746	1,234	1746	123
1745	112,345	1745	11,234
1744	101,234	1744	10,123
1743	90,123	1743	9,012
1742	89,012	1742	8,901
1741	78,901	1741	7,890
1740	67,890	1740	6,789
1739	56,789	1739	5,678
1738	45,678	1738	4,567
1737	34,567	1737	3,456
1736	23,456	1736	2,345
1735	12,345	1735	1,234
1734	11,234	1734	1,123
1733	10,123	1733	1,012
1732	9,012	1732	901
1731	8,901	1731	890
1730	7,890	1730	789
1729	6,789	1729	678
1728	5,678	1728	567
1727	4,567	1727	456
1726	3,456	1726	345
1725	2,345	1725	234
1724	1,234	1724	123
1723	112,345	1723	11,234
1722	101,234	1722	10,123
1721	90,123	1721	9,012
1720	89,012	1720	8,901
1719	78,901	1719	7,890
1718	67,890	1718	6,789
1717	56,789	1717	5,678
1716	45,678	1716	4,567
1715	34,567	1715	3,456
1714	23,456	1714	2,345
1713	12,345	1713	1,234
1712	11,234	1712	1,123
1711	10,123	1711	1,012
1710	9,012	1710	901
1709	8,901	1709	890
1708	7,890	1708	789
1707	6,789	1707	678
1706	5,678	1706	567
1705	4,567	1705	456
1704	3,456	1704	345
1703	2,345	1703	234
1702	1,234	1702	123
1701	112,345	1701	11,234
1700	101,234	1700	10,123
1699	90,123	1699	9,012
1698	89,012	1698	8,901
1697	78,901	1697	7,890
1696	67,890	1696	6,789
1695	56,789	1695	5,678
1694	45,678	1694	4,567
1693	34,567	1693	3,456
1692	23,456	1692	2,345
1691	12,345	1691	1,234
1690	11,234	1690	1,123
1689	10,123	1689	1,012
1688	9,012	1688	901
1687	8,901	1687	890
1686	7,890	1686	789
1685	6,789	1685	678
1684	5,678	1684	567
1683	4,567	1683	456
1682	3,456	1682	345
1681	2,345	1681	234
1680	1,234	1680	123
1679	112,345	1679	11,234
1678	101,234	1678	10,123
1677	90,123	1677	9,012
1676	89,012	1676	8,901
1675	78,901	1675	7,890
1674	67,890	1674	6,789
1673	56,789	1673	5,678
1672	45,678	1672	4,567
1671	34,567	1671	3,456
1670	23,456	1670	2,345
1669	12,345	1669	1,234
1668	11,234	1668	1,123
1667	10,123	1667	1,012
1666	9,012	1666	901
1665	8,901	1665	890
1664	7,890	1664	789
1663	6,789	1663	678
1662	5,678	1662	567
1661	4,567	1661	456
1660	3,456	1660	345
1659	2,345	1659	234
1658	1,234	1658	123
1657	112,345	1657	11,234
1656	101,234	1656	10,123
1655	90,123	1655	9,012
1654	89,012	1654	8,901
1653	78,901	1653	7,890
1652	67,890	1652	6,789
1651	56,789	1651	5,678
1650	45,678	1650	4,567
1649	34,567	1649	3,456
1648	23,456	1648	2,345
1647	12,345	1647	1,234
1646	11,234	1646	1,123
1645	10,123	1645	1,012
1644	9,012	1644	901
1643	8,901	1643	890
1642	7,890	1642	789
1641	6,789	1641	678
1640	5,678	1640	567
1639	4,567	1639	456
1638	3,456	1638	345
1637	2,345	1637	234
1636	1,234	1636	123
1635	112,345	1635	11,234
1634	101,234	1634	10,123
1633	90,123	1633	9,012
1632	89,012	1632	8,901
1631	78,901	1631	7,890
1630	67,890	1630	6,789
1629	56,789	1629	5,678
1628	45,678	1628	4,567
1627	34,567	1627	3,456
1626	23,456	1626	2,345
1625	12,345		

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2761**

BIRTH NO. **616 52 2761**

1. NAME OF DECEASED
(Type or Print) **Scarborough, Joseph W.**

2. DATE OF DEATH **3-19-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **Anne Arundel**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Univ. of Md. Hosp.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rivers Beach

D. STREET ADDRESS (If rural, give location)
Carville & Creek Road

c. Length of stay in Baltimore **17** Days

5. SEX **M** 6. COLOR OR RACE **W** 7. ~~WIDOWED~~ MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH **Oct 20, 1871** 9. AGE (In years last birthday) **80** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Businessman

10B. KIND OF BUSINESS OR INDUSTRY
Books

11. BIRTHPLACE (State or foreign country) **Starford Co. Md** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Jason W. Scarborough**

14. MOTHER'S MAIDEN NAME **Elizabeth A. Scarborough**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **Willard E. Scarborough - Rivers Beach**

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive C.V. Disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio-sclerosis, generalized**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebro-vascular accident

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-17**, 19**52** to **3-19-52** that I last saw the deceased alive on **3-19**, 19**52** and that death occurred at **9:30 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **John Metcalf** M. D.

23B. ADDRESS **2407 Cleverly Ave**

23C. DATE SIGNED **3-19-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Mar 22, 1952

Ascension Church

Starford Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1952

Huntington Village Md **John A. Geifel** **5311 Edmondson Ave**

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Signature of informant		12. Signature of registrar	
13. Name of informant		14. Address of informant		15. Signature of informant		16. Signature of registrar	
17. Name of informant		18. Address of informant		19. Signature of informant		20. Signature of registrar	
21. Name of informant		22. Address of informant		23. Signature of informant		24. Signature of registrar	
25. Name of informant		26. Address of informant		27. Signature of informant		28. Signature of registrar	
29. Name of informant		30. Address of informant		31. Signature of informant		32. Signature of registrar	
33. Name of informant		34. Address of informant		35. Signature of informant		36. Signature of registrar	
37. Name of informant		38. Address of informant		39. Signature of informant		40. Signature of registrar	
41. Name of informant		42. Address of informant		43. Signature of informant		44. Signature of registrar	
45. Name of informant		46. Address of informant		47. Signature of informant		48. Signature of registrar	
49. Name of informant		50. Address of informant		51. Signature of informant		52. Signature of registrar	
53. Name of informant		54. Address of informant		55. Signature of informant		56. Signature of registrar	
57. Name of informant		58. Address of informant		59. Signature of informant		60. Signature of registrar	
61. Name of informant		62. Address of informant		63. Signature of informant		64. Signature of registrar	
65. Name of informant		66. Address of informant		67. Signature of informant		68. Signature of registrar	
69. Name of informant		70. Address of informant		71. Signature of informant		72. Signature of registrar	
73. Name of informant		74. Address of informant		75. Signature of informant		76. Signature of registrar	
77. Name of informant		78. Address of informant		79. Signature of informant		80. Signature of registrar	
81. Name of informant		82. Address of informant		83. Signature of informant		84. Signature of registrar	
85. Name of informant		86. Address of informant		87. Signature of informant		88. Signature of registrar	
89. Name of informant		90. Address of informant		91. Signature of informant		92. Signature of registrar	
93. Name of informant		94. Address of informant		95. Signature of informant		96. Signature of registrar	
97. Name of informant		98. Address of informant		99. Signature of informant		100. Signature of registrar	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2762
Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) SUSANNA JONES		2. DATE OF DEATH March 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 653 W. Lee Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 653 W. Lee Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		9. AGE (in years last birthday) 76 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME John A. Jones		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Mary Harris	
16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Issac Brown 108 W. Montgomery St.	

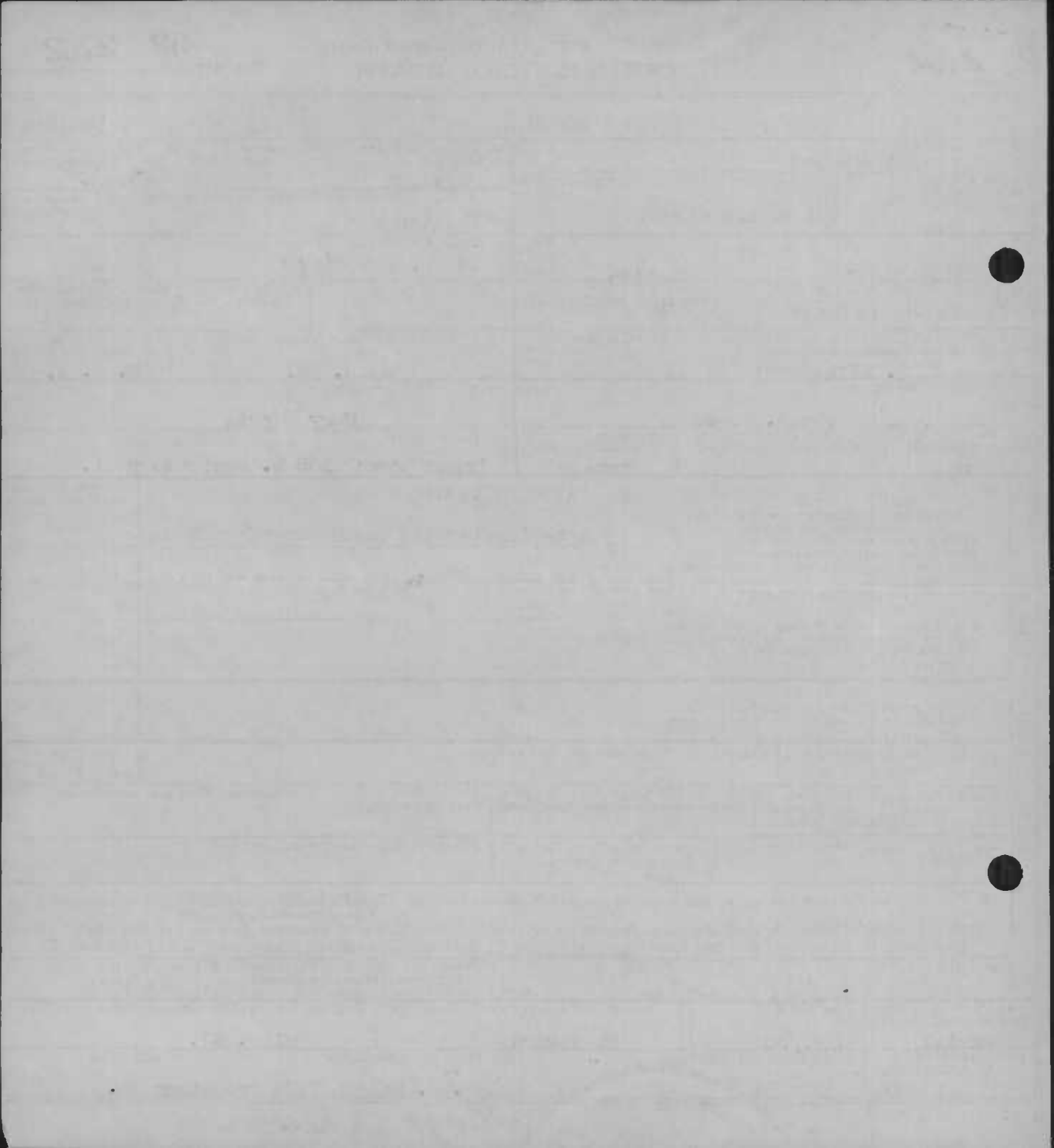
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>	23C. DATE SIGNED 3/17/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/20/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS 2207 G. Kelson 1303 Presstman St. George S. Kelson
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625-
52 2763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2763
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDWARD A. MORGAN

2. DATE
OF
DEATH

MAR: 18 :52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

131 S. CARROLLTON AVE.

C. CITY OR TOWN

BALTIMORE CITY

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

37

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

131 S. Carrollton Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10/10/1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician M.D.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Practice

11. BIRTHPLACE (State or foreign country)

Fairmount West Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Oren Morgan

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mabel E. Morgan-4312 Highview Ave

18. 002X

CAUSE OF DEATH

Arbutus.

INTERVAL BETWEEN
ONSET AND DEATH

P

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

OR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

OR

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORK

NOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1952, to March 18, 1952, that I last saw the
deceased alive on March 17, 1952, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urlock, Jr.

23B. ADDRESS

M. O. 1227 Washington Blvd.

23C. DATE SIGNED

3/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar:20:52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 20 1952

REGISTRAR'S SIGNATURE

Huntington Warriner

25. FUNERAL DIRECTOR

F.B. Wippert & Son

ADDRESS

VS 150

Dr. Urlock

07580

F.B. WIPPERT & SON 1300 EUTAW PL. 17

MEDICAL CERTIFICATION

STATE OF NEW YORK

IN SENATE, JANUARY 12, 1911.

REPORT

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE M. SANDERS

2. DATE
OF
DEATH

MARCH 18/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2647 Lehman Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City

D. STREET ADDRESS (If rural, give location)

2662 Lehman Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shirt Presser

10B. KIND OF BUSINESS OR INDUSTRY

Factory

13. FATHER'S NAME

Charles Tolle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

215-07-2922

8. DATE OF BIRTH

Aug: 21-1894 - 57

9. AGE (In years last birthday)

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Susie P/Hermmel

17. INFORMANT

ADDRESS

William M. Sanders..Same...

CAUSE OF DEATH

18. 445X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) MALIGNANT HYPERTENSION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) TERMINAL UREMIA

(C) PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952 to 3/18, 1952 that I last saw the deceased alive on 3/17, 1952 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

MAR:21:1952

Loudon Park Cemetery Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

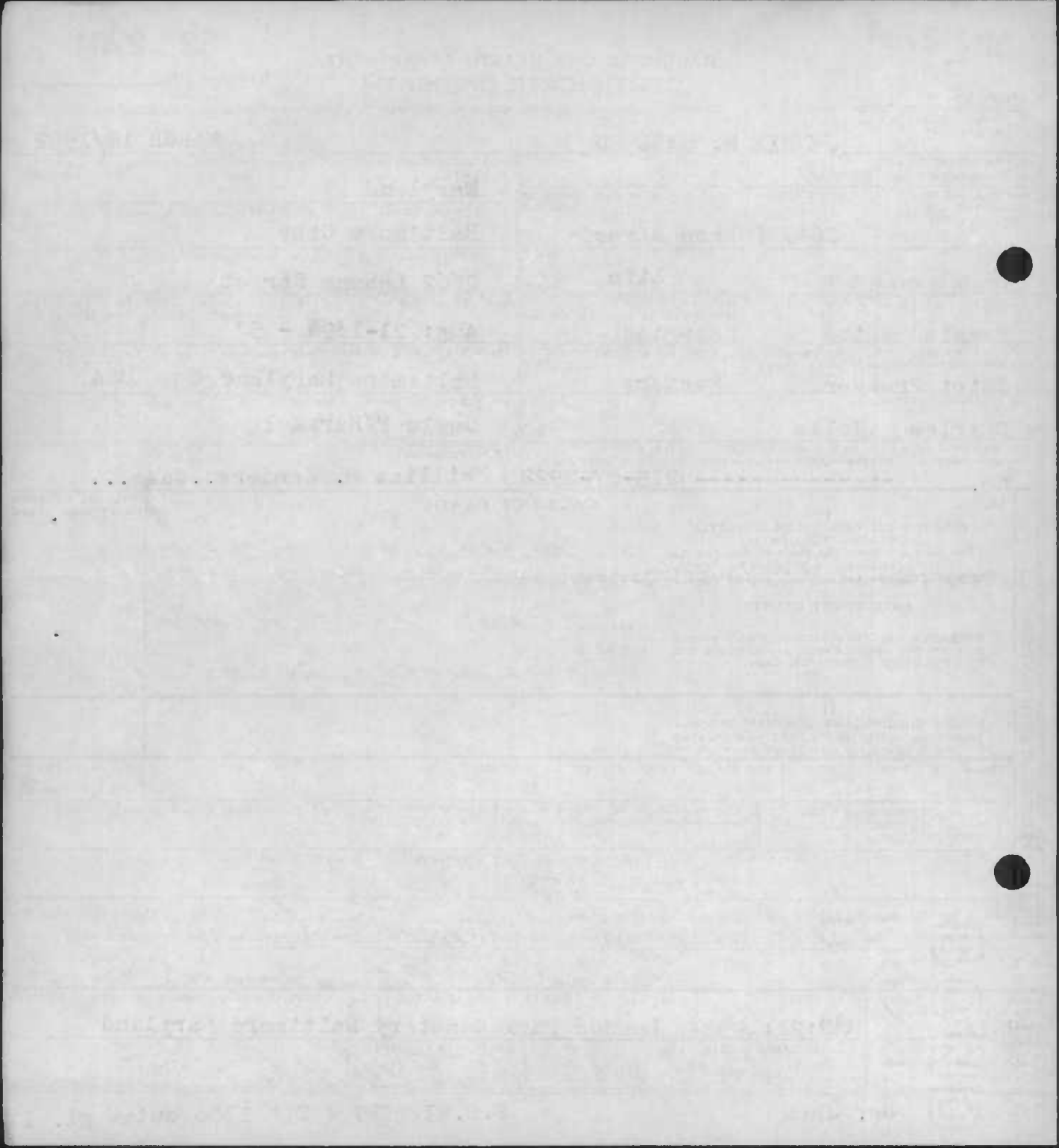
ADDRESS

VS 150

Dr. Shaw

69046 F.B.WIPPERT & SON 1300 eutaw pl. 17

MEDICAL CERTIFICATION



5-20
52 2765

52 2765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith L. Hance

2. DATE
OF
DEATH

March 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

636 N. Belnord Avenue

5. FULL NAME OF (If not in hospital or institution, give street address or
location)

636 N. Belnord Avenue

6. Length of stay in Baltimore

32 Yrs.
3 Mos.
3 Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 24, 1885

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert County

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James S. Catterton

14. MOTHER'S MAIDEN NAME

Mary E. Hardesty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Richard H. Hance, 636 N. Belnord Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cardio Vascular Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Myocardial Infarction
DUE TO
(C) Acute CystitisINTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

100

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Emaciation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1952 to Mar 19, 1952, that I last saw the
deceased alive on Mar 19, 1952, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. G. Geyer, M.D.

23B. ADDRESS

156 N. Winton Ave

23C. DATE SIGNED

3/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

Wesley Methodist Cemetery

24D. LOCATION (City, town, or county) (State)

Pine Bluff, Arkansas

DATE RECEIVED BY REGISTRAR'S SIGNATURE

MAR 20 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frederick D. Miller, Inc

1932
March 10, 1932
Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.
The same has been forwarded to the proper authorities for their consideration.
Very respectfully,
J. H. [Name]
[Title]
[Address]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. 52-06776

1. NAME OF DECEASED
(Type or Print)

Baby Collins (Patricia C. Collins)

2. DATE
OF
DEATH

3/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary Hospo

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Ind. B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Bates 26-26

D. STREET ADDRESS (If rural, give location)
6726 Railway Ave.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/17/52

9. AGE (in years,
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicholas T. Collins

14. MOTHER'S MAIDEN NAME

Louise Grace

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Tito Greco 739 Oldham St.

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) _____
DUE TO

Cardiac Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____
DUE TO

Congestive Heart.

(C) _____

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1952, to 3/19, 1952, that I last saw the deceased alive on 3/17, 1952, and that death occurred at 2:27 m., from the causes and on the date stated above.

23A. SIGNATURE

R. C. Kramer

M. D.

23B. ADDRESS

Mary Hospo

23C. DATE SIGNED

3/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 20/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

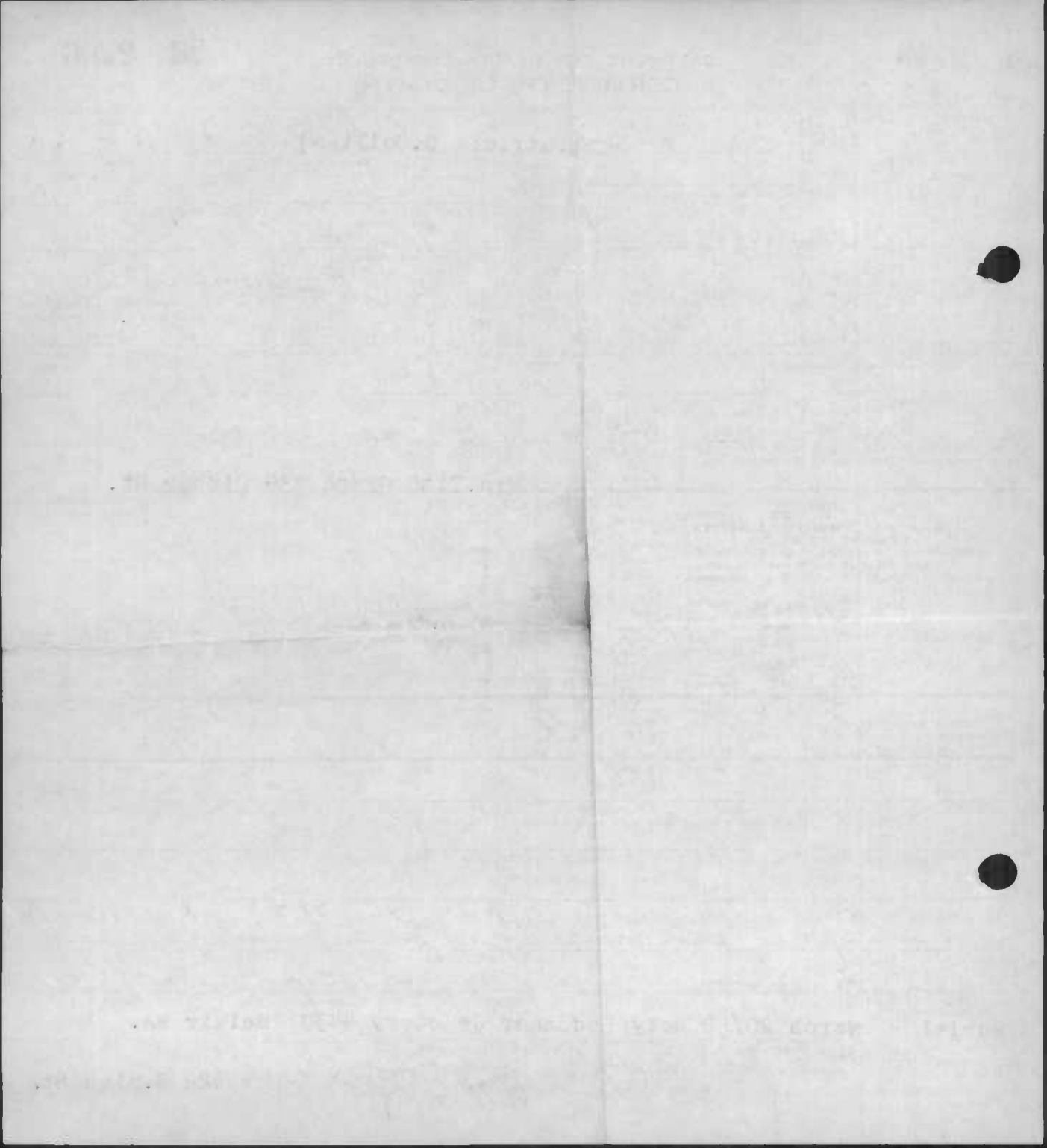
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Noll 322 S. High St.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

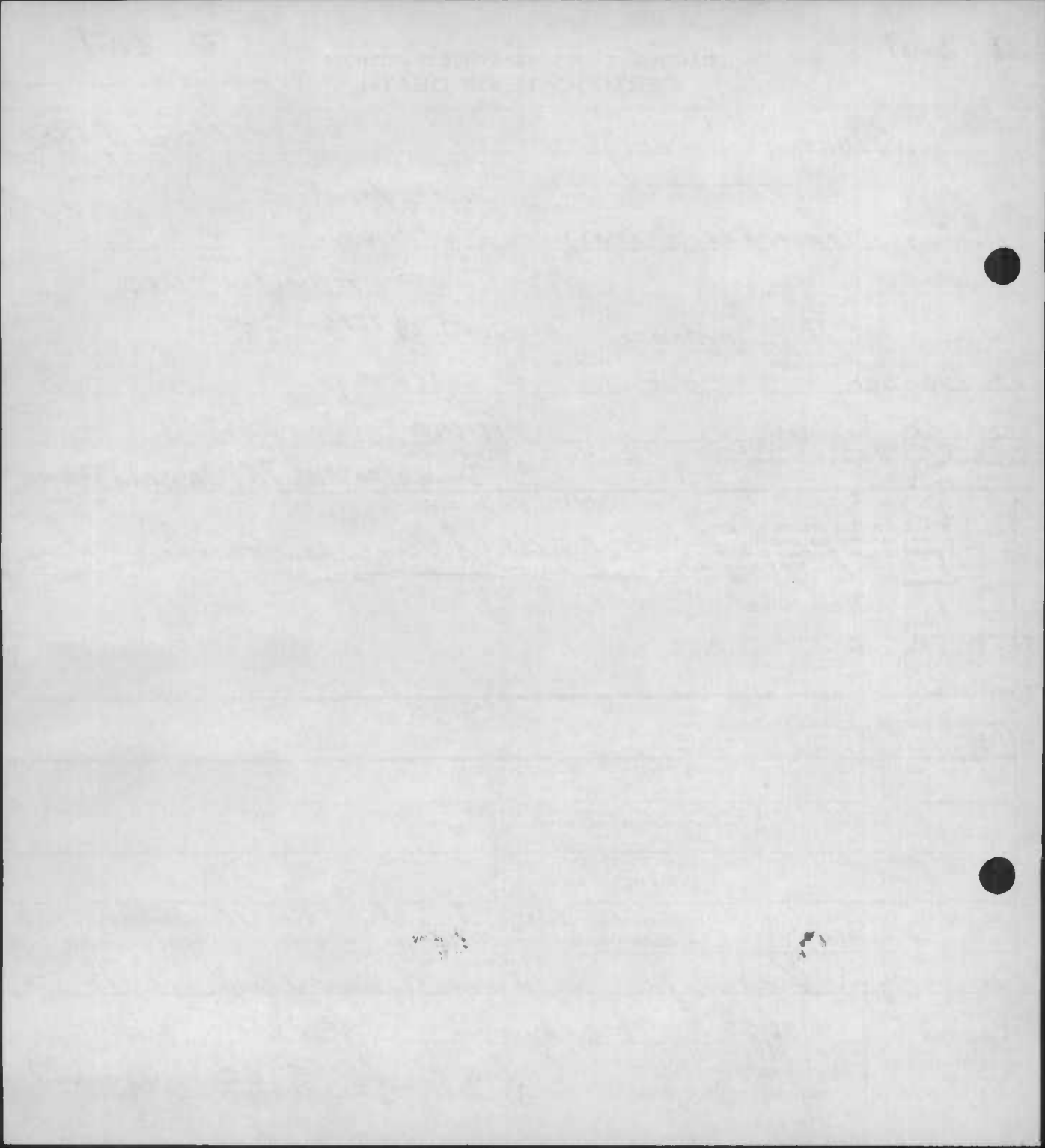
BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>William L. Ludwig</i>		2. DATE OF DEATH <i>March 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2308 Arlington Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept 24, 1876</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>SELF</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <i>Jacob Ludwig</i>		14. MOTHER'S MAIDEN NAME <i>ANNA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Daughter - Mrs F.C. Cassidy - SAME</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Vascular Accident 1 day</i> DUE TO _____ (B) _____ DUE TO _____ (C) _____
	INTERVAL BETWEEN ONSET AND DEATH _____
	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *Mar. 18, 1952* to *Mar 18, 1952*, that I last saw the deceased alive on *Mar 18, 1952*, and that death occurred at *3:05 pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harvey S. Green, Jr.</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>3-18-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/21/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>L. J. Rusk</i>		ADDRESS <i>5305 Harford Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			



600 2768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2768
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rose K. Moore</i>		2. DATE OF DEATH <i>Mar. 18-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>4601 Frankford Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>4601 Frankford Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Jan. 1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>80</i>
11. FATHER'S NAME <i>Charles Hubert</i>		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <i>Catherine Elser</i>	
15. SOCIAL SECURITY NO.		16. INFORMANT <i>Mrs. Theresa Dubner Fredrick</i>	

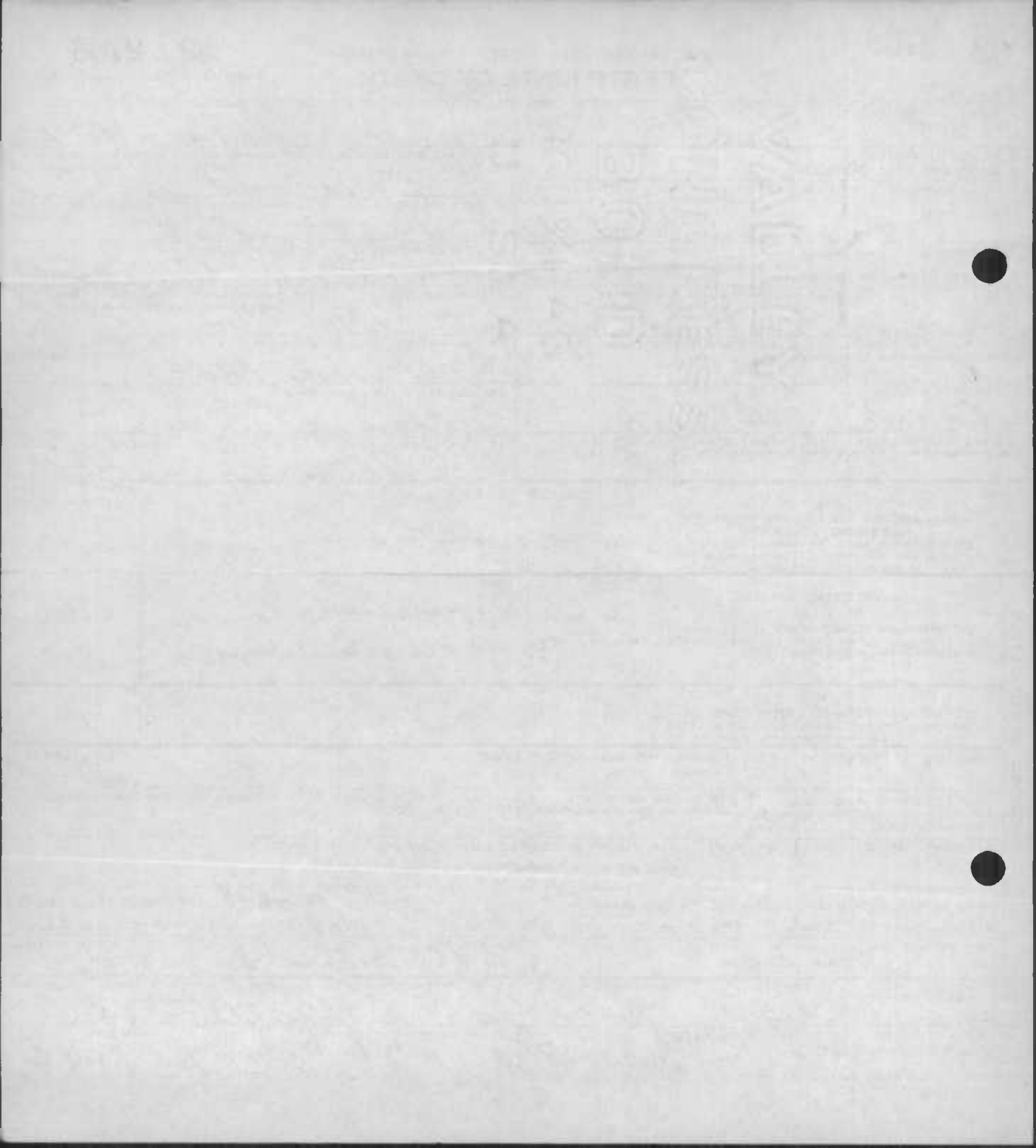
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlus</i> (A) <i>Ch. Hypertension</i> (B) <i>Ch. Arterio Sclerosis</i> (C)	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1950</i> , to <i>March 18, 1952</i> , that I last saw the deceased alive on <i>March 1, 1952</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. S. Hardney</i>		23B. ADDRESS <i>3805 Belair Rd</i>		23C. DATE SIGNED <i>3/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/21/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Balts Md</i>		25. FUNERAL DIRECTOR <i>H. J. Kirk</i>		ADDRESS <i>5305 Maryland Rd</i>	

MAR 20 1952

REGISTRAR'S SIGNATURE

MEDICAL CERTIFICATION



520

Renshaw

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2769

52 2769

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ford</i> <i>Howard Renshaw</i>			2. DATE OF DEATH <i>20 March 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore <i>2 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>26 Dec 1866</i>	9. AGE (In years last birthday) <i>85</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Salesman</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Renshaw</i>			14. MOTHER'S MAIDEN NAME <i>Mary P.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Little Sisters of the Poor</i>		
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>5 yrs</i>			19. DATE OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) INJURY		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mch 15 -</i> , 1952, to <i>Mch 20 -</i> , 1952, that I last saw the deceased alive on <i>Mch 19 -</i> , 1952, and that death occurred at <i>14</i> m., from the causes and on the date stated above.			23A. SIGNATURE <i>E. Gill Hall MD</i>		
23B. ADDRESS <i>1637 E North Ave</i>			23C. DATE SIGNED <i>Mch 20 - 1952</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 21/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wiedefeld</i> ADDRESS <i>900 E. Biddle St</i>	

MEDICAL CERTIFICATION

Page 1

Page 1

THE
OFFICE
OF THE
SECRETARY
OF THE
NAVY
WASHINGTON
D. C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Warren E. Smith</u>			2. DATE OF DEATH <u>3-19-52</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) <u>Baltimore -18 27-09</u>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <u>1636 Kingsway Rd.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1895, JUNE 29,</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B.O. R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Edward C. Smith</u>			14. MOTHER'S MAIDEN NAME <u>Emma Lewis</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>705 D3 4879</u>	17. INFORMANT <u>Pt. Same</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>W.W.I</u>		ADDRESS			

18. <u>162X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Antecedent Causes</u>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Bronchogenic C.A. left lung</u>		DUE TO	<u>5 mos.</u>
(B) <u>Pulmonary Embolism</u>			
(C) <u>Pneumonectomy</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>3-12-52</u>	19B. MAJOR FINDINGS OF OPERATION <u>Bronchogenic C.A. left lung</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OR INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 1952 to 3-19, 1952, that I last saw the deceased alive on 3-19, 1952, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>R. R. Skipton</u>	23B. ADDRESS <u>1636 Kingsway Rd.</u>	23C. DATE SIGNED <u>3-19-52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>3/21/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Elora</u>
24D. LOCATION (City, town, or county) <u>Elora, Illinois</u>		24E. LOCATION (City, town, or county) <u>Elora, Illinois</u>

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 20 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington, W. L. ...</u>	25. FUNERAL DIRECTOR <u>Wm. B. ... Inc., 1257 E. Paul St.</u>
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QTS 80

BOARD OF DIRECTORS

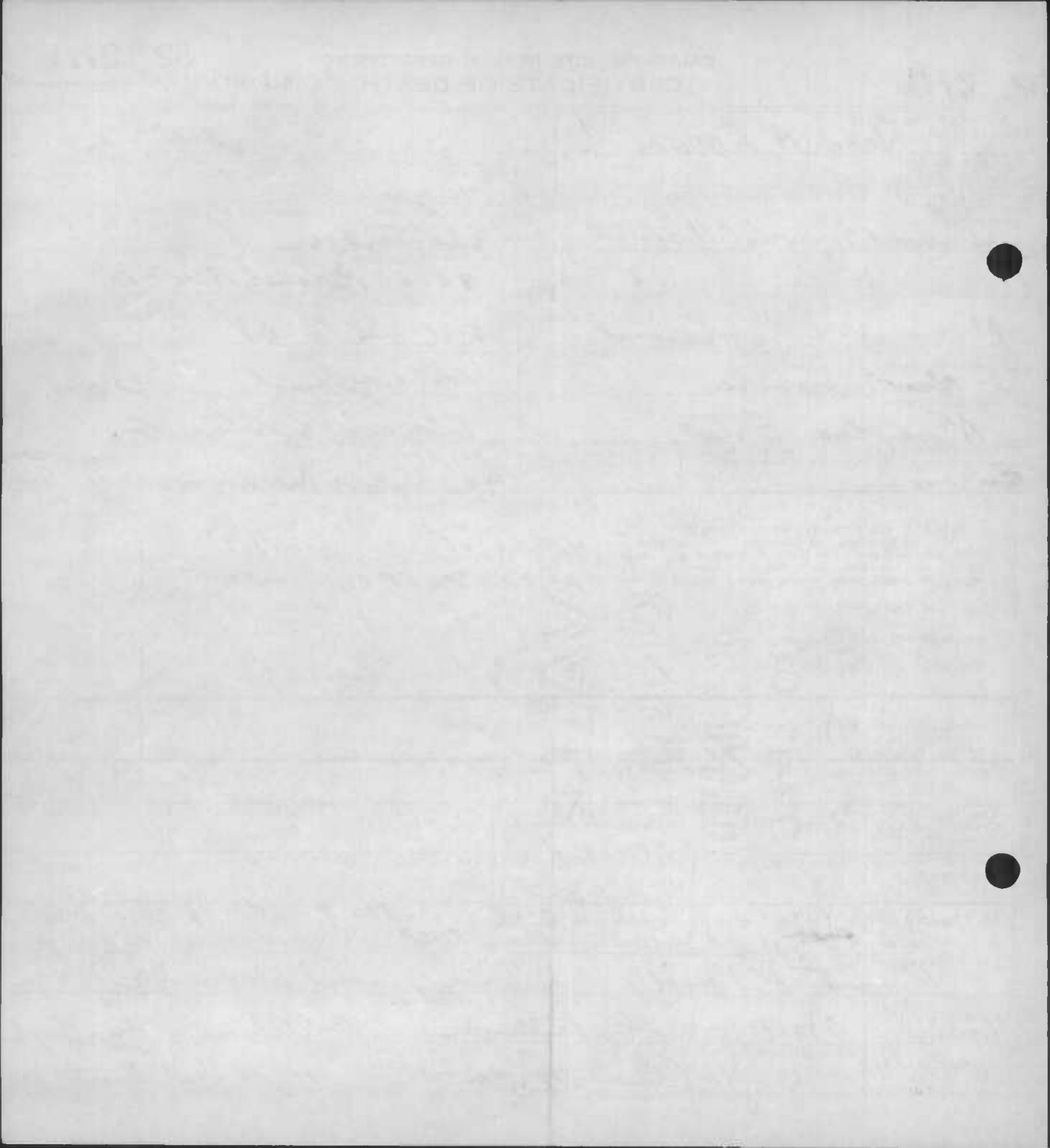
QTS 80



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2771
Registered No.

BIRTH NO. 634		1. NAME OF DECEASED (Type or Print) JOHN A. ERTEL		2. DATE OF DEATH 3-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07			
C. Length of stay in Baltimore 2		D. STREET ADDRESS (if rural, give location) 3815 Roland Ave - 11.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-11-72	9. AGE (In years, last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tavern Owner		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Nicholas Ertel		14. MOTHER'S MAIDEN NAME Elizabeth Straub	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS township Mrs. Josephine Buschman, 10272d. Ave.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION ARTERIO SCLEROTIC HEART DISEASE		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 7.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-18 , 19 52 , to 3-18 , 19 52 , that I last saw the deceased alive on 3-18 , 19 52 and that death occurred at 5:25P m., from the causes and on the date stated above.					
23A. SIGNATURE Richard R. Beach		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 3-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, Inc., 1017 E. Paul Street		25. FUNERAL DIRECTOR ADDRESS	



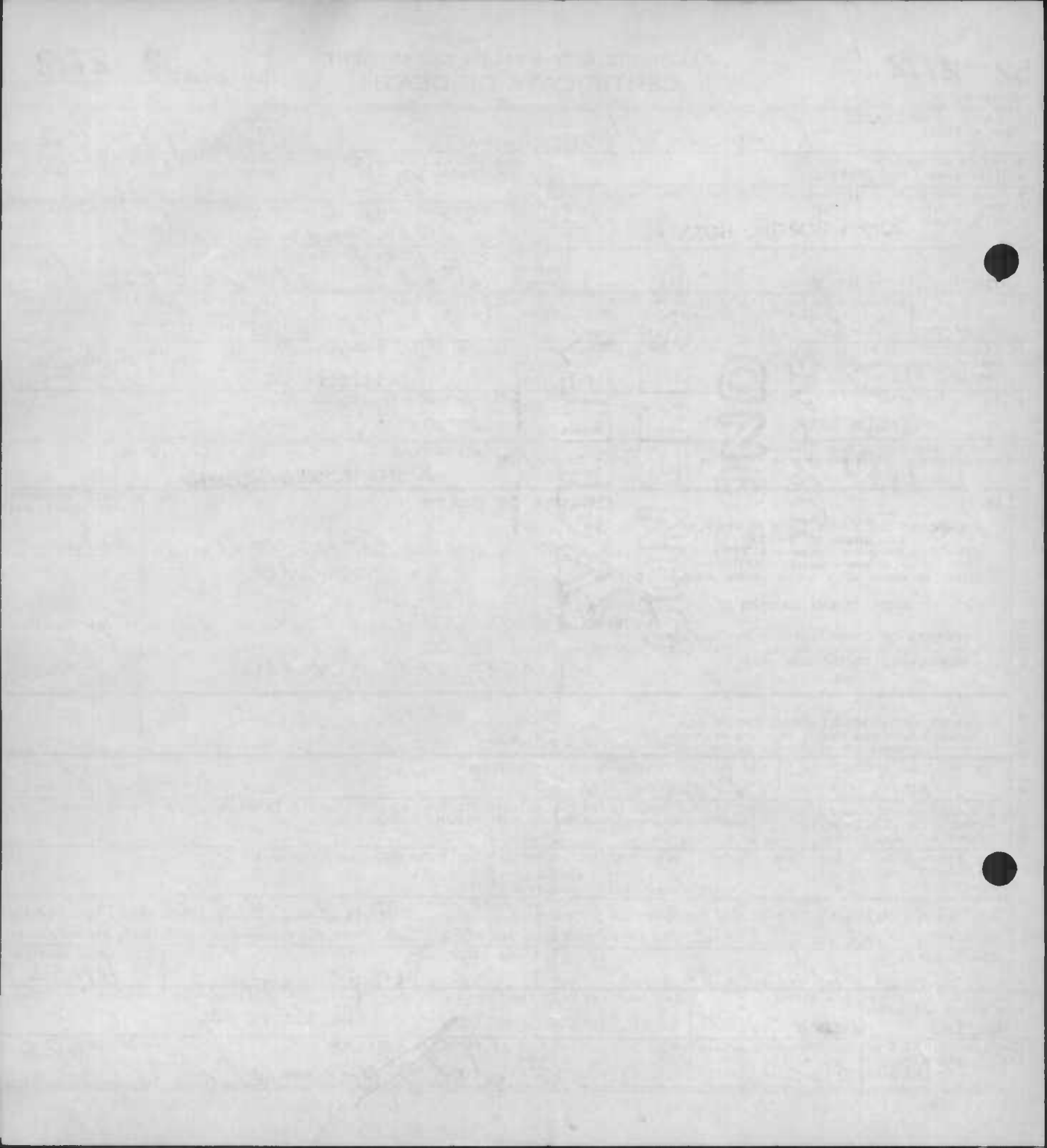
200
52 2772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2772

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Dora Hack</i>		2. DATE OF DEATH <i>Mar. 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write full R.A.L. and give township) <i>Baltimore 28-02</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5004 Norwood Ave</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-11-95</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Benjamin Hack</i>		14. MOTHER'S MAIDEN NAME <i>Sarah ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Edema of brain, compression of medulla</i> DUE TO <i>Brain cyst</i> DUE TO <i>Astrocytoma of brain</i> DUE TO <i>none</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i> <i>2 years</i> <i>2 years</i>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>3/14/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Brain cyst</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/10</i> , 1952, to <i>3/19</i> , 1952, that I last saw the deceased alive on <i>3/19</i> , 1952, and that death occurred at <i>10:30 A.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Emes H. Markham</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/19/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 21, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oheb Shalom Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Sol Lewenson + Bws W North Ave</i>		ADDRESS <i>1126</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Wallis</i>			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2773

BIRTH NO. 240 2773

1. NAME OF DECEASED (Type or Print) FRANZ NASSL		2. DATE OF DEATH March 18, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 502⁸ Eaton Street (EATON)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 14 - 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Embroidery Co.	9. AGE (In years last birthday) 81
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Theresa Nassl. 502⁸ Eaton St.	

18. **E 978.7**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Skull fracture**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Crushed chest**

(C) **Bilateral fractures of femur & tibia**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Hospital

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
26-12 Avenue Baltimore City Hospitals, 4940 Eastern

21d. TIME (Month) (Day) (Year) (Hour) INJURY
March 18, 1952 10:00 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?
Jumped from fourth story window

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23c. DATE SIGNED

March 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

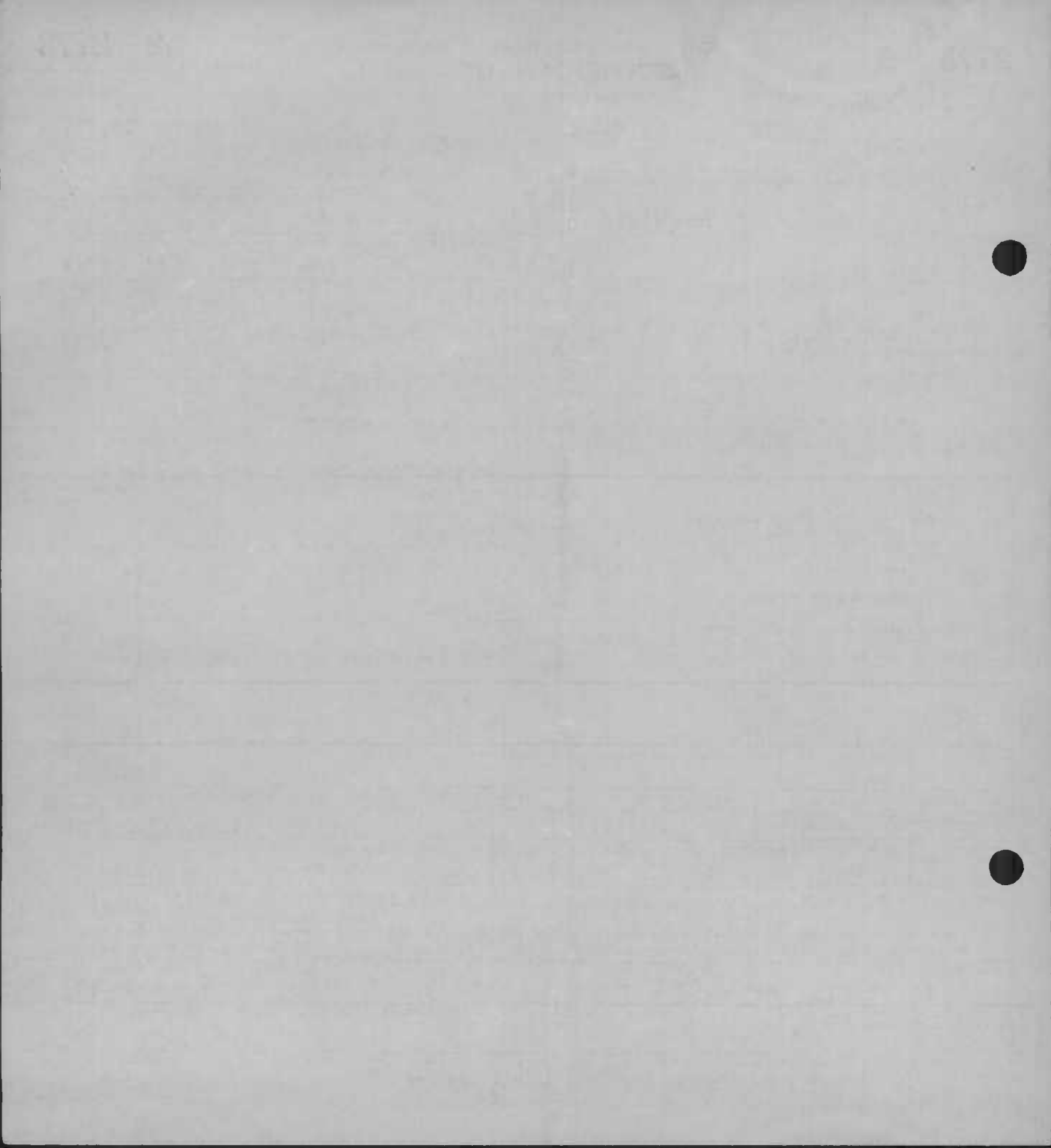
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial 3/22/52 Trinity Cem. O'Donnell St. Md.
Therese N. Williams, M.D. 418 Eastern Ave. Balt. Md.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2774

BIRTH NO. <u>610 52 2774</u>		1. NAME OF DECEASED (Type or Print) <u>WILLIAM D MURPHY</u>		2. DATE OF DEATH <u>MARCH 20 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTIMORE</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 N BROADWAY</u>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <u>BALTIMORE</u>			
C. Length of stay in Baltimore <u>8 MOS.</u>		D. STREET ADDRESS (If rural, give location) <u>308 N BROADWAY</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 27 1860</u>	9. AGE (in years last birthday) <u>91</u>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (State or foreign country) <u>MOTT ROSE W. VA</u>	
13. FATHER'S NAME <u>DAVID MURPHY</u>		14. MOTHER'S MAIDEN NAME <u>PRICE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT ADDRESS <u>EYRIA MURPHY 308 N BROADWAY</u>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>General Arterio Sclerosis</u>		CAUSE OF DEATH (A) DUE TO <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 3, 1951</u> , to <u>Mar 20, 1952</u> that I last saw the deceased alive on <u>Mar 19, 1952</u> , and that death occurred at <u>6:40</u> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>William L. Solomon</u>		23B. ADDRESS <u>129 S Broadway</u>		23C. DATE SIGNED <u>3/20/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>MAR 23 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>MOTT ROSE METHODIST CEM</u>	
24D. LOCATION (City, town, or county) (State) <u>MOTT ROSE W. VA.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, 1800 E LOMBARD ST</u>		25. FUNERAL DIRECTOR ADDRESS <u>1800 E LOMBARD ST</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 20 1952</u>		VS 150			

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2775**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES FOREMAN

2. DATE
OF
DEATH

March 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1416 Linden Avenue

C. Length of stay in Baltimore

55

Yrs.
Mees
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-27-85

9. AGE (In years last birthday)

66

10 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Lyric Theatre

11. BIRTHPLACE (State or foreign country)

Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. Kirby

14. MOTHER'S MAIDEN NAME

Emma ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leonard J. Kirby 2447 Md. Ave

18. **E900.6**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Skull fracture**

~~XXXXX~~

ANTECEDENT CAUSES

(B) **Contusion of brain**

~~XXXXXX~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) **Bronchopneumonia, terminal**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Theatre

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Lyric Theatre, 124 W. Mt. Royal Avenue

21D. TIME (Month) (Day) (Year) (Hour)

March 16, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell down stairs

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

332nd

24B. DATE

3-21-52

24C. NAME OF CEMETERY OR CREMATORY

Morgan Chapel

24D. LOCATION (City, town, or county)

Woodbine - Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 20 1952

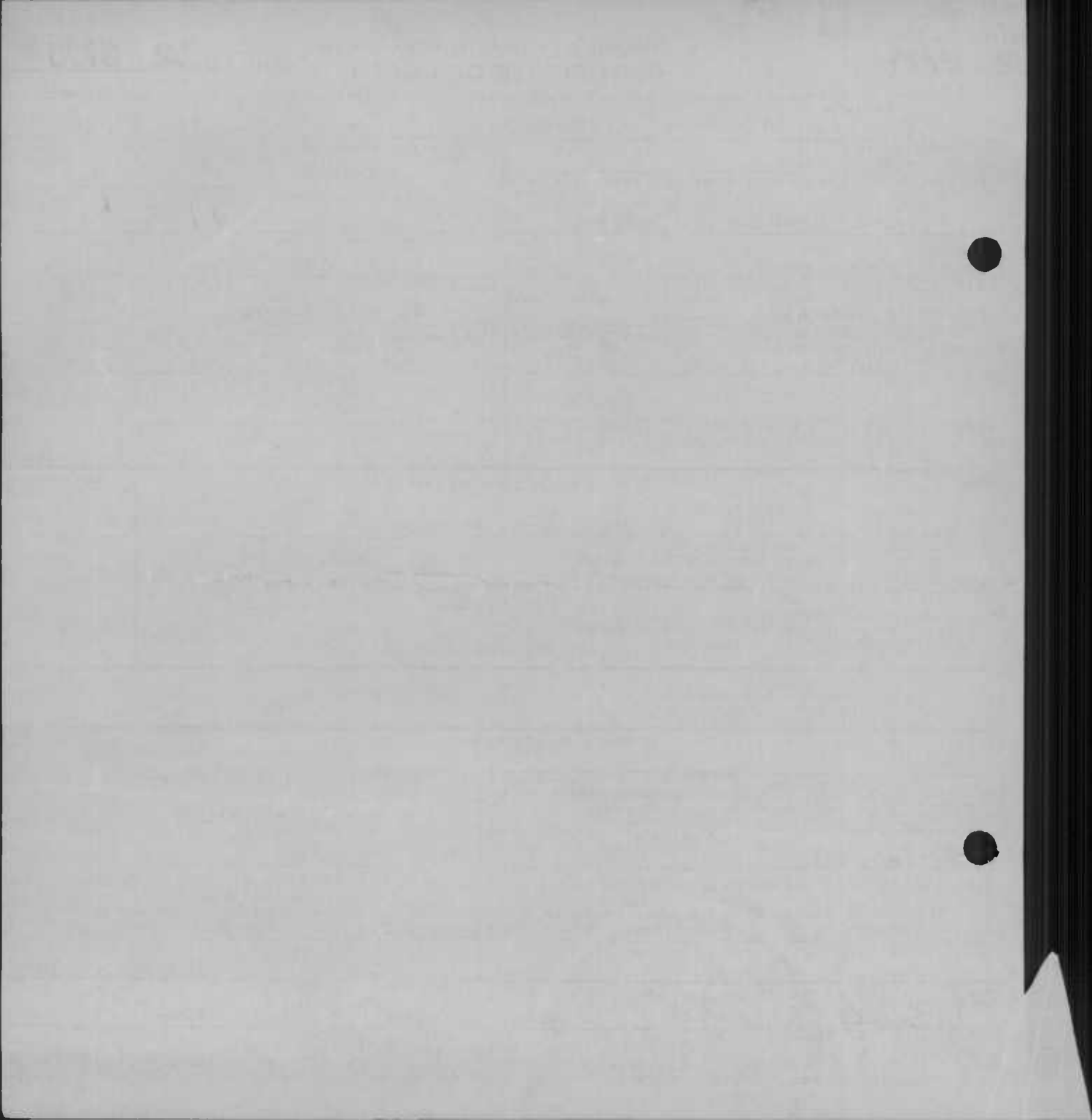
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Ellis & Spilner - 403 S. E. St.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 2776

623
2776
BIRTH NO

1. NAME OF DECEASED (Type or Print) Mrs. Mable (May) Wright			2. DATE OF DEATH 3/19/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - Md Rural		
D. STREET ADDRESS (If rural, give location) 6927 Holabird Ave			Yrs. Mos. Days		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED , DIVORCED (Specify)			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife			
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) Canada			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME		17. INFORMANT ADDRESS Jack Wright - 6927 Holabird Ave			

18. 231X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Cerebral Hemorrhage			1-2Hrs.
ANTECEDENT CAUSES		(B) Cerebral arteriosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Age of deceased.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				

23A. SIGNATURE Charles D. Quimby M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED 3/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-22-52	24C. NAME OF CEMETERY OR CREMATORY Secord Hunt	24D. LOCATION (City, town, or county) (State) Balto - Md	
DATE RECEIVED BY LOCAL REGISTRAR Huntington W. Williams, Jr.		25. FUNERAL DIRECTOR W. J. Kelly + Zeilen dr.		ADDRESS 403 S. 2nd St

MEDICAL CERTIFICATION

6-12-51

50-11-1

10-11-1

10-11-1

10-11-1

52 2777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2777
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL RAYMOND

2. DATE
OF
DEATH

March 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.

Mos.

Length of stay in Baltimore

45 yrs Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 27-18

D. STREET ADDRESS (If rural, give location)

3704 Spaulding Avenue - 15

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 10, 1892

9. AGE (In years last birthday)

60

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

self employed Barber

10B. KIND OF BUSINESS OR INDUSTRY

Barber Shop

13. FATHER'S NAME

Pete Raymond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Catherine Raymond, 3704 Spaulding Ave.

18. 16.3 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic Carcinoma of Bronchus.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1952, to March 19, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline Street-13

23C. DATE SIGNED

March 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

March 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1952

Huntington Williams, M.D.

K. J. Lemon

4611 Park Heights Ave.

7408F

MEDICAL CERTIFICATION

1945

OFFICE OF THE SECRETARY OF THE ARMY

1945

OFFICE OF THE SECRETARY OF THE ARMY

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OFFICE OF THE SECRETARY OF THE ARMY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 2778BIRTH NO. 52 2778

1. NAME OF DECEASED (Type or Print) <u>RUBY, ST. ELM - BARRETT</u>		2. DATE OF DEATH <u>March 20, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>South Baltimore General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 22-01</u>	
D. STREET ADDRESS (If rural, give location) <u>518 S. Hanover Street</u>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-26-1912</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	9. AGE (In years last birthday) <u>39</u> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME <u>John J. Weaver</u>		11. BIRTHPLACE (State or foreign country) <u>Henrico Co. Va</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Dune Waddell</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>William H. Hays - 1205 W. 49 St. Rich. Va</u>	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 32210
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

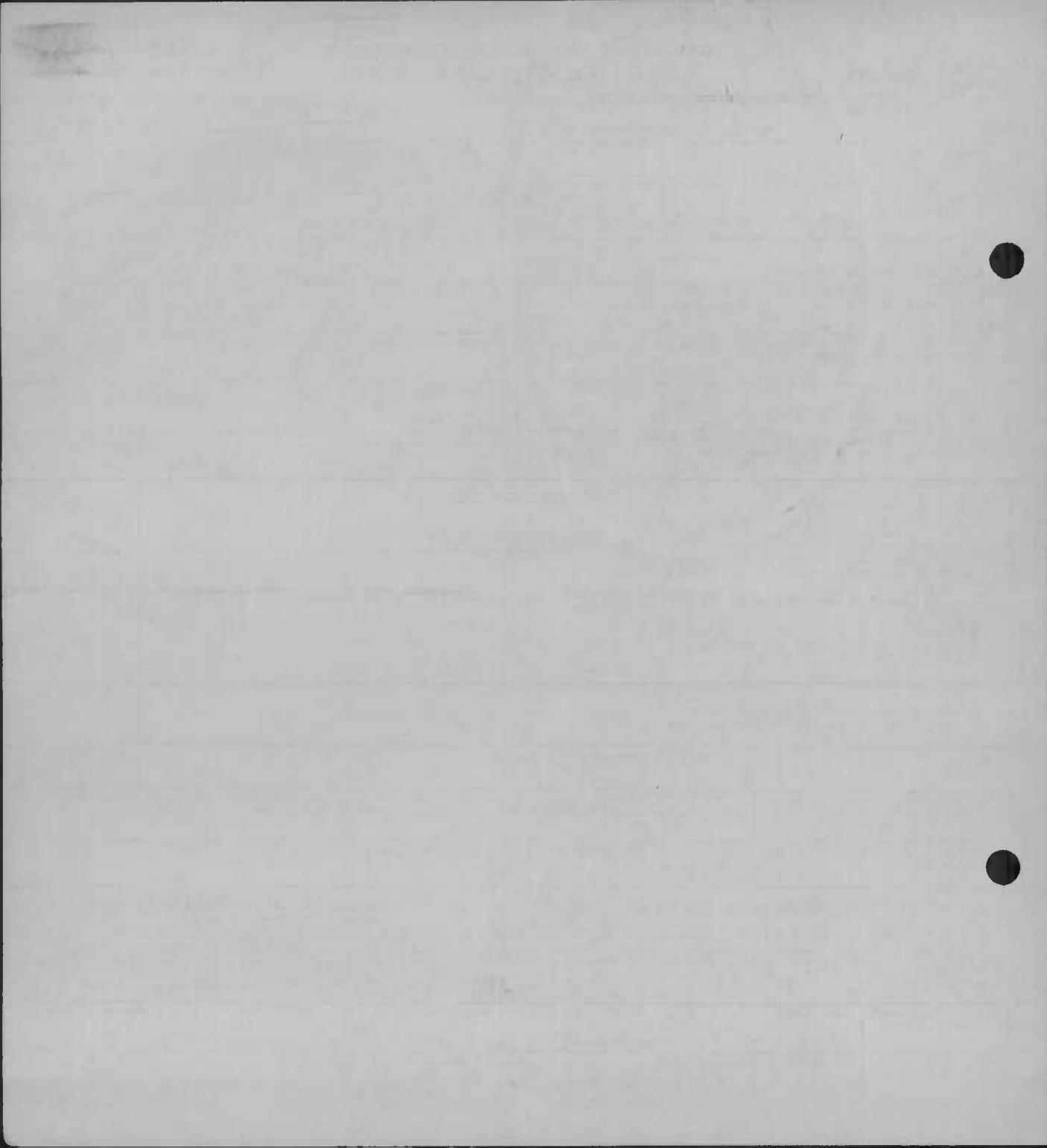
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>Stanley S. Dineen</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <u>March 20, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>3-22-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Cem Richmond Va</u>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <u>John E. Miller</u>		ADDRESS <u>2435 E. Oliver</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 10 1952</u>		REGISTRAR'S SIGNATURE <u>H. L. Williams</u>			



52 2779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2779

BIRTH NO. 52-06603

1. NAME OF DECEASED
(Type or Print)

Baby (Girl) Lanner

2. DATE
OF
DEATH

Mar. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

Gappa Road 5200

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1952, to 3/20, 1952, that I last saw the
deceased alive on 3/20, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

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Q115 50

Q115 50

Q115 50

32

52 2780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2780

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Pauline Bradshaw</i>		2. DATE OF DEATH <i>Mar. 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>18-0</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>15</i>		D. STREET ADDRESS (If rural, give location) <i>1111 W. Franklin St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-7-22</i>	9. AGE (In years last birthday) <i>29</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>usher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Theatre</i>		11. BIRTH PLACE (State or foreign country) <i>Durham N.C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>✓</i>		13. FATHER'S NAME <i>Louis Bradshaw N.C.</i>			
14. MOTHER'S MAIDEN NAME <i>Ethel Rich. N.C.</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			

18. <i>002X</i>	CAUSE OF DEATH <i>Tuberculous Pneumonia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(B)		
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

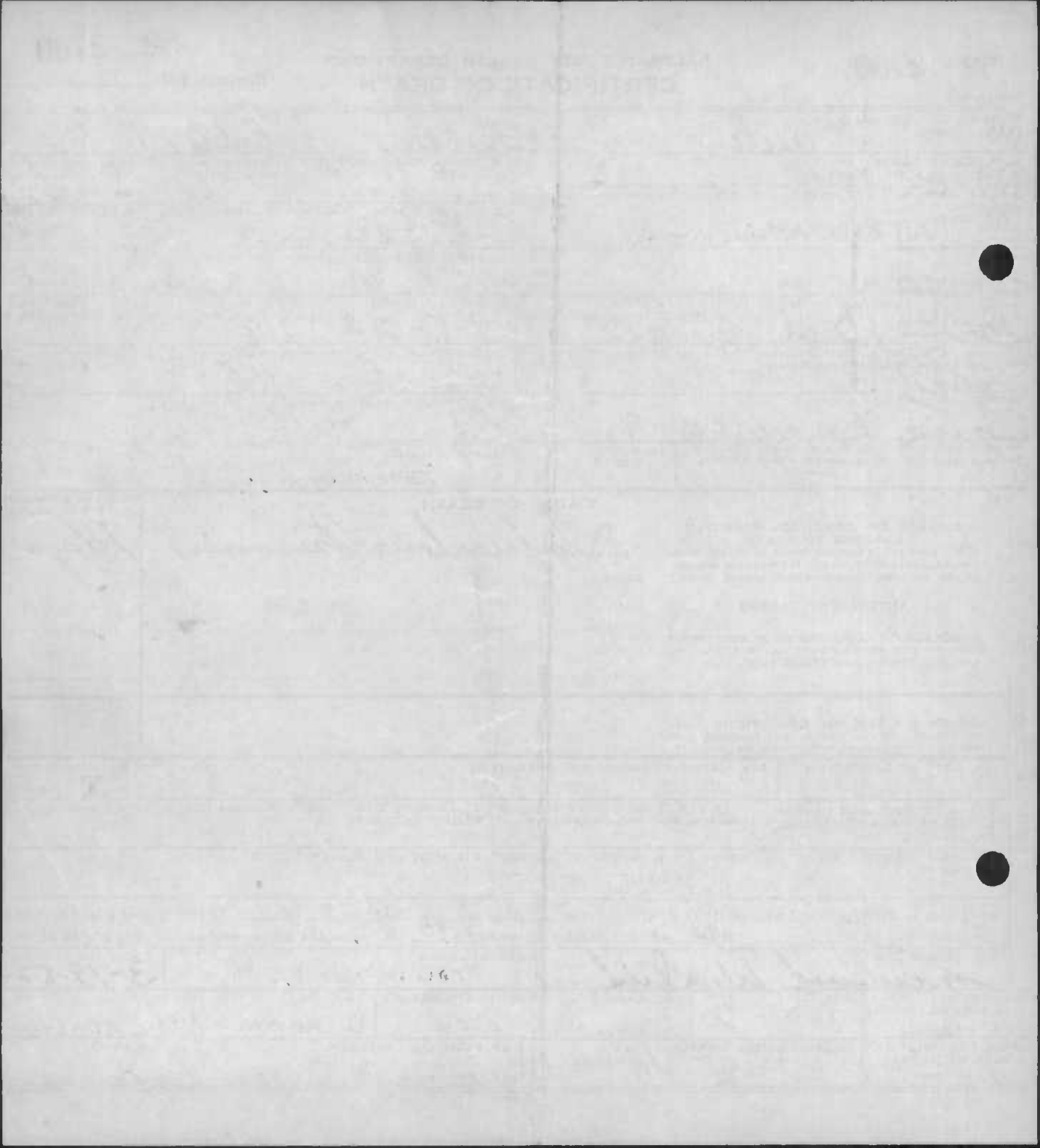
22. I hereby certify that I attended the deceased from *3/18*, 19*52*, to *3/19*, 19*52*, that I last saw the deceased alive on *3/19*, 19*52*, and that death occurred at *11:45* AM, from the causes and on the date stated above.

23A. SIGNATURE <i>Fredrick W. Shick</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3-19-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24B. DATE <i>3-21-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>DURHAM CEM</i>	24D. LOCATION (City, town, or county) (State) <i>DURHAM Nth CAROLINA</i>
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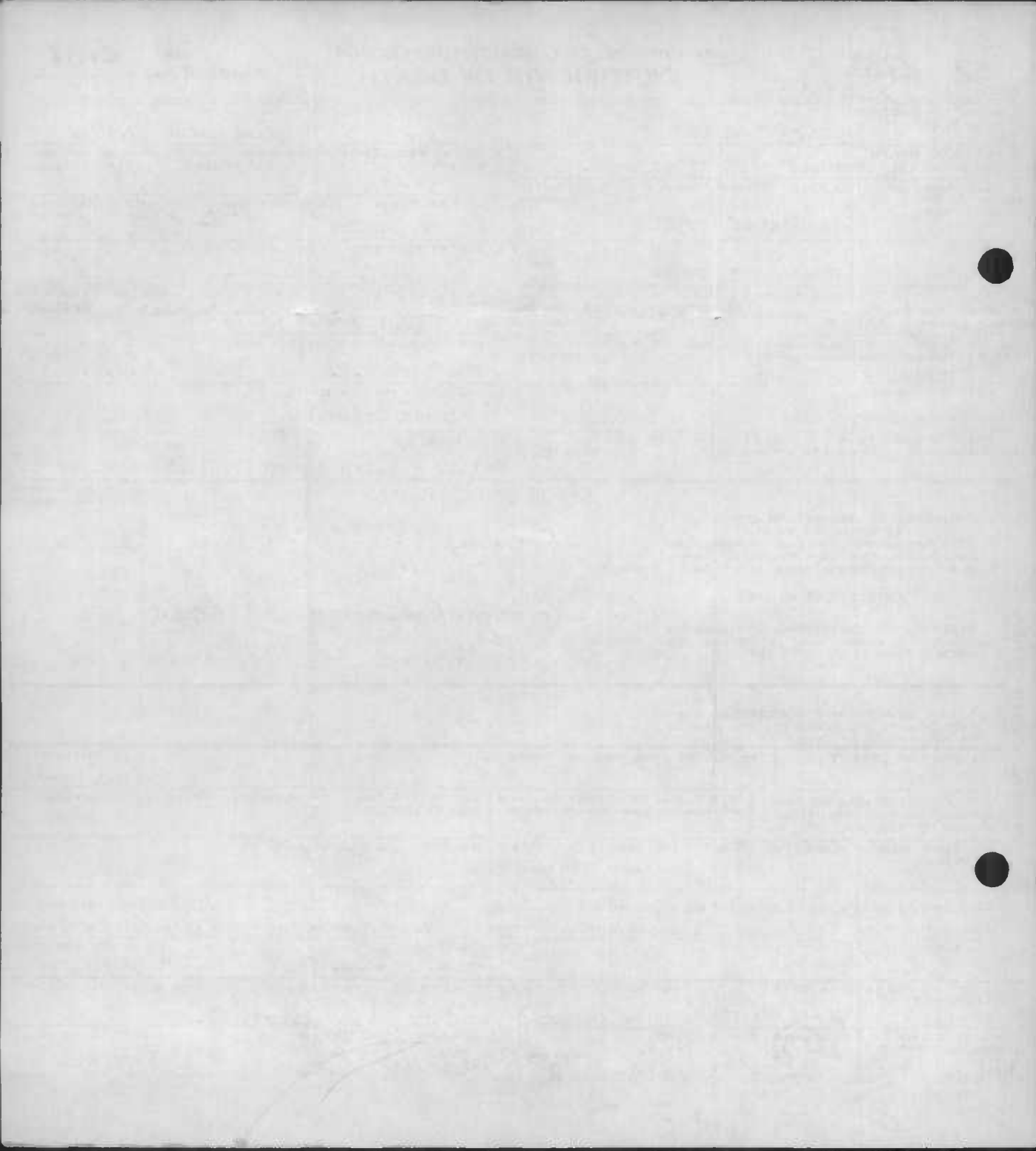
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>WILLIAM H JACKSON</i>	ADDRESS <i>PENNA-AVE</i>
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7838K



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52 2781BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2781
Registered No.

1. NAME OF DECEASED (Type or Print) Mary G Allen		2. DATE OF DEATH March 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 912 Montpelier St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-05	
C. Length of stay in Baltimore 12 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 912 Montpelier St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME John Dooley		14. MOTHER'S MAIDEN NAME Julia Driscoll	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter F Allen (Husband)		ADDRESS 912 Montpelier St	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Primary Carcinoma of Breast with Metastasis to Right Lung DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 1/2 yrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-19 , 19 52 to 3-19 , 19 52 that I last saw the deceased alive on 3-19 , 19 52 , and that death occurred at 9 m., from the causes and on the date stated above.			
23A. SIGNATURE E. D. Hyman		23B. ADDRESS 11 E. Chase St.	
23C. DATE SIGNED 3-20-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 22 1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. Mahville Jenkins		ADDRESS 2713 Kirk Ave	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Verne Frederick Bolden

2. DATE
OF
DEATH

March 16, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

17-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

813 Pierce St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 10, 1911

9. AGE (in years
last birthday)

40

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Mill

11. BIRTHPLACE (State or foreign country)

Key Stone W. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Booker Bolden

14. MOTHER'S MAIDEN NAME

Louisa Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Nancy Woods Bluefield W. Va.

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) *Cerebral Occlusion*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Cerebral Sclerosis*

(C) *Hypertension*

INTERVAL BETWEEN
ONSET AND DEATH

2

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/15*, 19*52*, to *3/16*, 19*52*, that I last saw the
deceased alive on *3/16*, 19*52*, and that death occurred at *11:00* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

W. H. Culver Cemetery

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. R. Williams

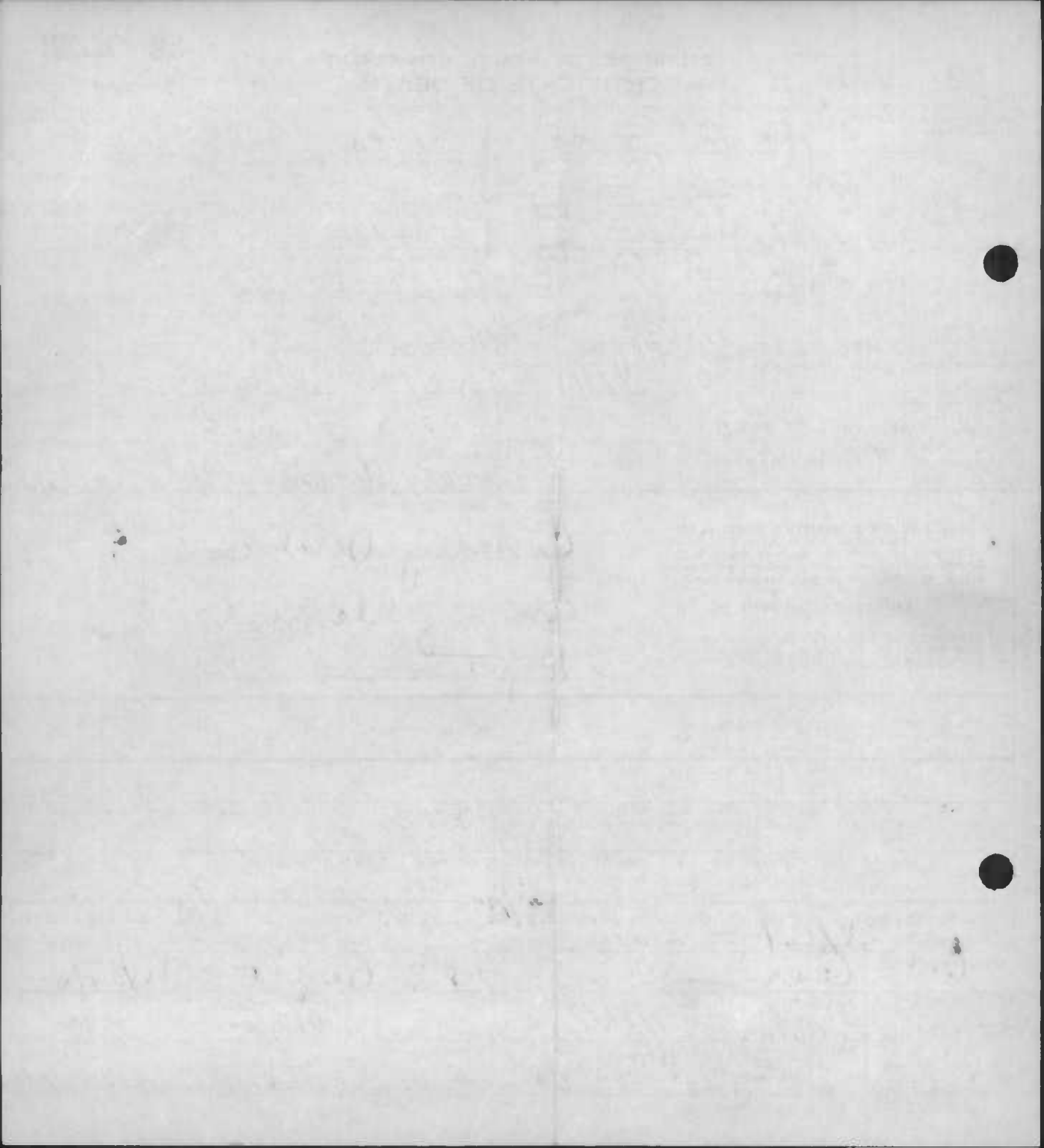
ADDRESS

312 N. ...

MAR 21 1952

9703A

MEDICAL CERTIFICATION



AB-834122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2783

Registered No.

BIRTH NO.

52 2783

1. NAME OF DECEASED
(Type or Print)

John Baer

2. DATE
OF
DEATH

3-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave. Baltimore City Hospitals

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Baer

14. MOTHER'S MAIDEN NAME

Elizabeth Schott (Schoff)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. E903.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Peri trochanteric fracture left
femur

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH
several
hours

11 days

CERTIFICATION APPROVED BY

R. S. Fisher M. D.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
3-9-1952

19B. MAJOR FINDINGS OF OPERATION

Bicort Plating of fractured hip

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Infirmary Building21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

4940 Eastern Ave. Baltimore, Md.

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

3-9-1952

m.

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell while walking, tripped over a mat

22. I hereby certify that I attended the deceased from 8-23-1943 to 3-20-1952, that I last saw the deceased alive on 3-20-1952, and that death occurred at 1.45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Fisher

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

3-20-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Trinity

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

TO BE APPROVED BY THE MEDICAL EXAMINER

VS 150

N8-0.0

MEDICAL CERTIFICATION

100-1000

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

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100-1000

100-1000

100-1000

52 2784

REA-157023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2784

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph M. Shulte			2. DATE OF DEATH March 20, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 804 Winston Avenue- 12		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 9, 1877		9. AGE (In years, last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assist. Supt. (retired) Hospital			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Frederick (D)		
14. MOTHER'S MAIDEN NAME Susan Ann Eliz. Simonds (D)			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		
16. SOCIAL SECURITY NO.			17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		

18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, apnea, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease	CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus	(B) Diabetes Mellitus DUE TO	5 yrs.
Terminal Pneumonia	(C) Terminal Pneumonia Pulmonary Edema	24 hrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured Hip		24 hrs.

19a. DATE OF OPERATION March 1, 1952		19b. MAJOR FINDINGS OF OPERATION Inter trochanteric Hip fracture		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 804 Winston Avenue	
21d. TIME (Month) (Day) (Year) (Hour) INJURY Feb. 27, 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt. fell on rising from chair	
22. I hereby certify that I attended the deceased from 2-28 , 19 52 , to 3-20 , 19 52 that I last saw the deceased alive on 3-20 , 19 52 and that death occurred at 9 A m., from the causes and on the date stated above.					
23a. SIGNATURE A.S. Hogan		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED 3-20-52	

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 3-22-1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Hanover Pa.
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.	

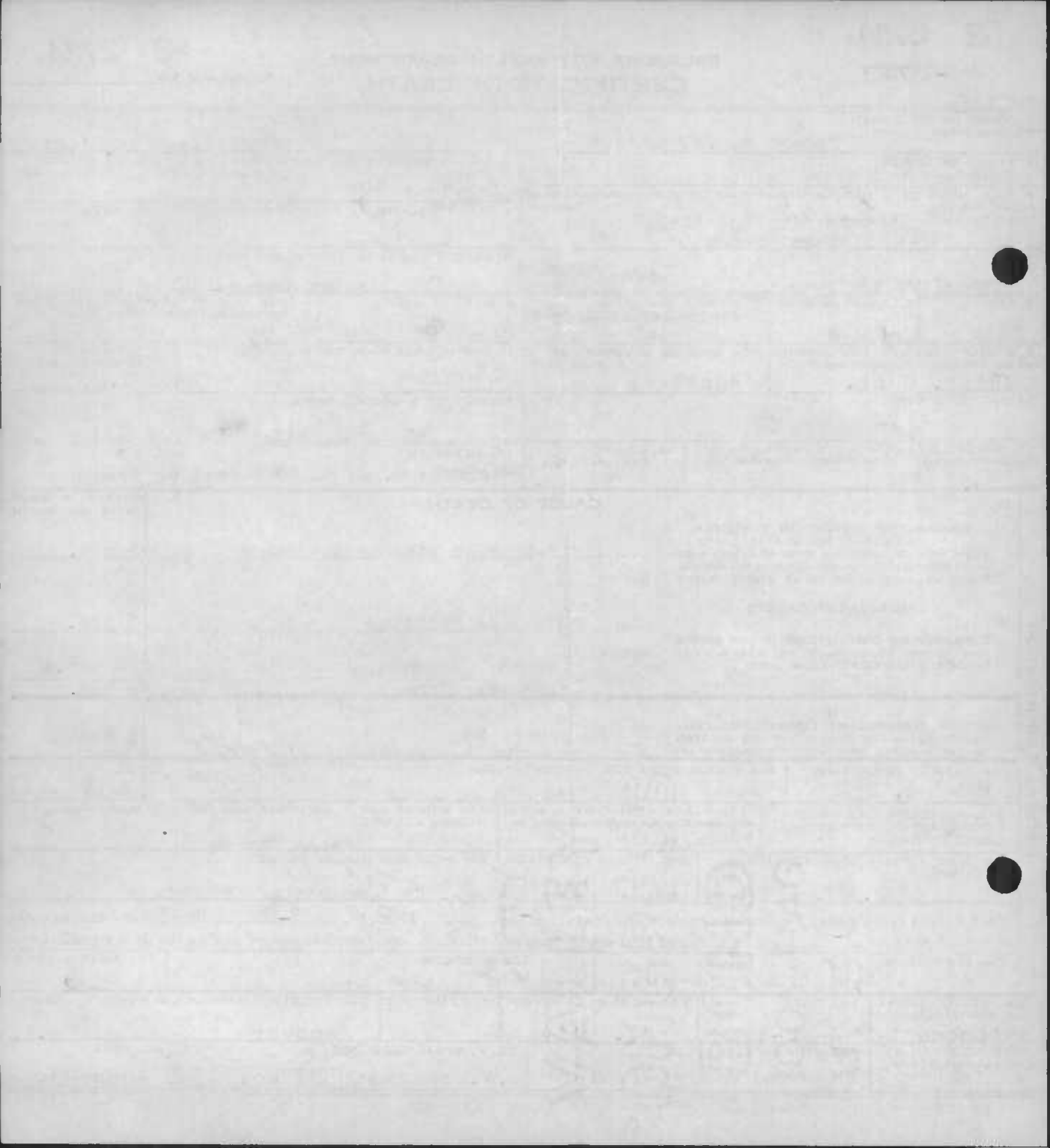
TO BE APPROVED BY MEDICAL EXAMINER

VS 150

N820.0

290 PW

MEDICAL CERTIFICATION



363

52 2785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2785

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Streets Jr.

2. DATE

OF

DEATH March-17-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

709 1/2 South Fremont Avenue

Yrs.

Mos.

Days

C. Length of stay in Baltimore 30 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

709 1/2 South Fremont Avenue

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

13. FATHER'S NAME

James Streets Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Nov-19-1899

9. AGE (In years last birthday)

52

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Martha A. Parker

17. INFORMANT

ADDRESS

Anna Streets 709 1/2 S. Fremont Ave

18. 199.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Spontaneous, site undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1951 to June 17, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

Huntington Williams, Mt Calvary Cem. Brooklyn Md. Wilson 1000 Bunting ave

VS 150

97099

3

MEDICAL CERTIFICATION

52 2786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2786

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John R. Booth

2. DATE
OF
DEATH

3/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1007 Bentall St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1007 N. Bentall St.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/1/1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Booklayer

10B. KIND OF BUSINESS OR
INDUSTRY

USO. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John R. Booth

14. MOTHER'S MAIDEN NAME

Minnie Goetz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Mary E. Booth Bentall

ADDRESS

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Circumstances of Colony

INTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

19A. DATE OF OPERATION

Unknown

19B. MAJOR FINDINGS OF OPERATION

Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1947, to March 20, 1952, that I last saw the deceased alive on 2/19/52, and that death occurred at 1:45 PM., from the causes and on the date stated above.

23A. SIGNATURE

Robert P. Meech

23B. ADDRESS

3151 Wilkins Ave

23C. DATE SIGNED

3/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John J. Conman & Son, 984 St.

500

52 2787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2787

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUST HEIM

2. DATE
OF
DEATH

Mar. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1810 Riggs Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1810 Riggs Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months: Days Hours: Min.

male

white

married

Nov. 7, 1872

79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Owner

Retail Grocery

Germany

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Heim

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

no

no

Mrs. Emma Heim - 1810 Riggs Ave.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Chronic Cardiovascular Disease
due to 7 hepatitis

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 10, 1952, to March 18, 1952, that I last saw the deceased alive on March 18, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Harry Ashman

M. O.

1924 W. North Ave

3/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-21-52

London Park

Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

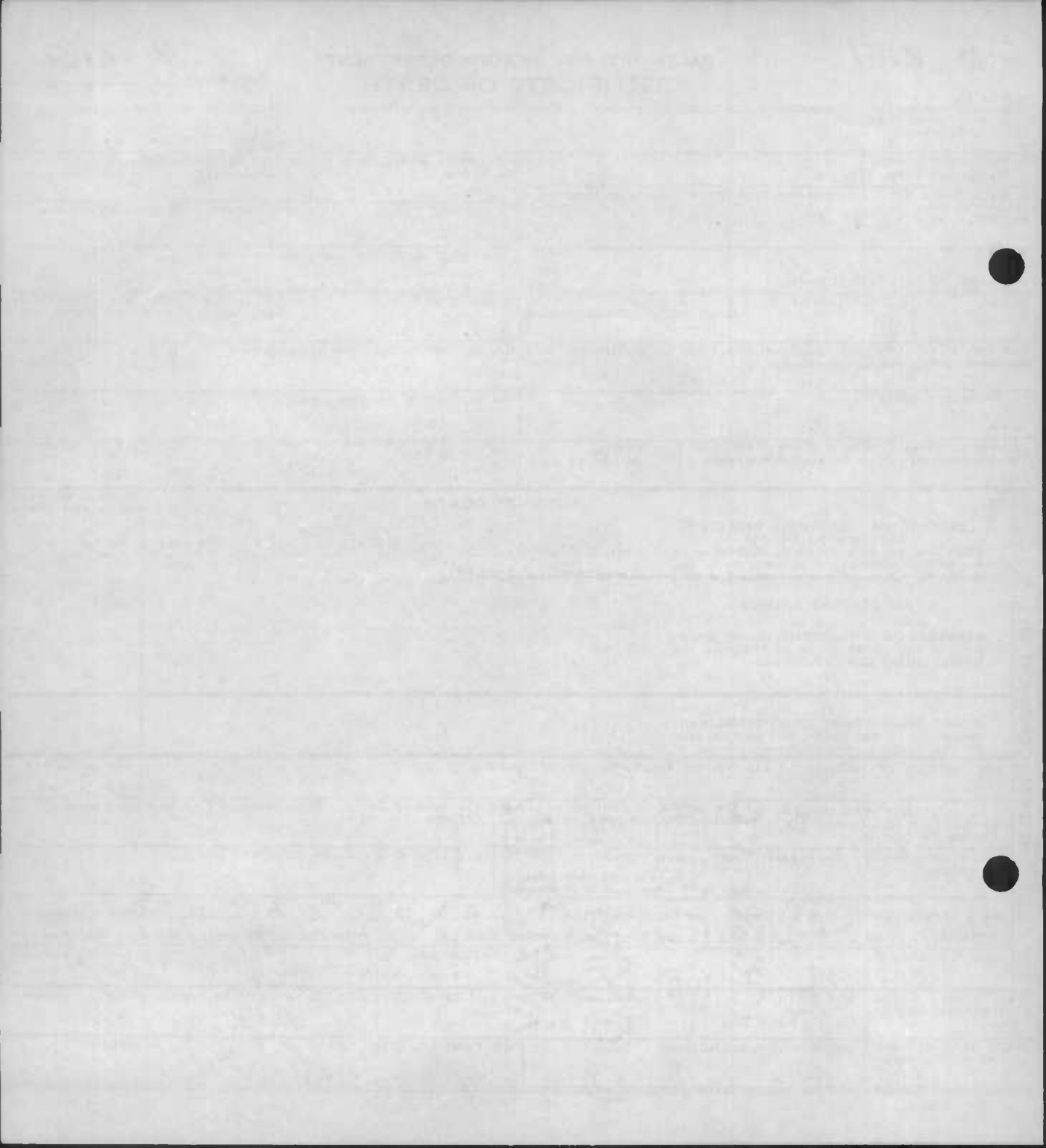
Huntington Williams, M.D.

Wm. J. Lickner & Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION



355

52 2788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2788
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia C. Godman

2. DATE
OF
DEATH

19 March 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Univ. Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 9, 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Companion

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Godman

14. MOTHER'S MAIDEN NAME

Maggie Camden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Godman - 741 Bartlett Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

- (A) Arterio-sclerotic H.C.U.D. with
DUE TO 1) arterio-sclerosis generalized,
2) Coronary artery sclerosis &
(B) 3) myocardial infarction, post extending
anteriorly
DUE TO 4) Secondary terminal shock
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Possible abdominal aneurysm & rupture

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:13, 19 52, to 3:14, 19 52, that I last saw the
deceased alive on 2:14 pm 2/19/52, and that death occurred at 3:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Robert G. Davis

M. D.

23B. ADDRESS

Univ Hospital

23C. DATE SIGNED

3/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/23/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

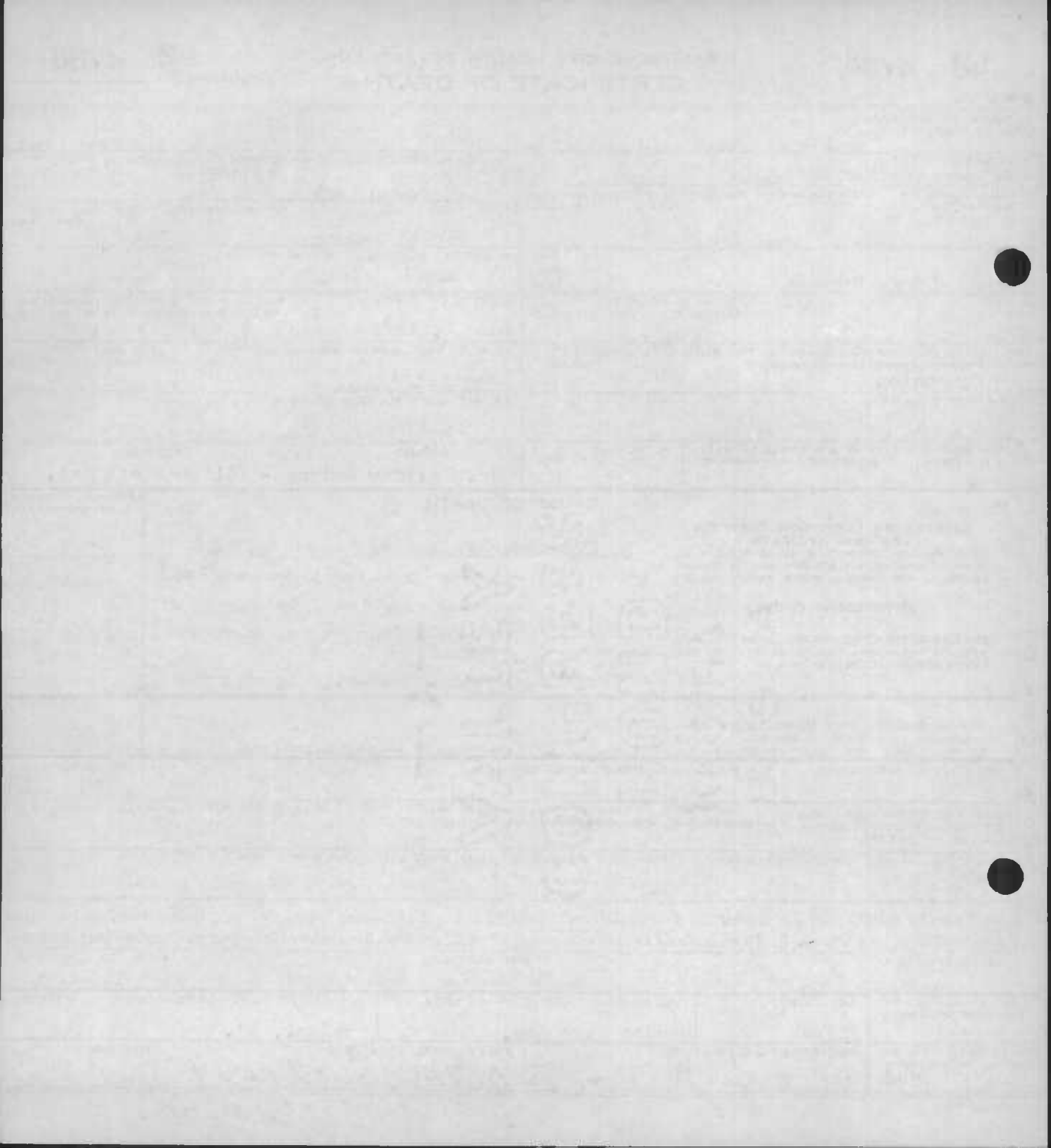
ADDRESS

Bromo Pickner & Sons

720 8A Balto. 17, Md.

VS 150

MEDICAL CERTIFICATION



652

52 2789

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

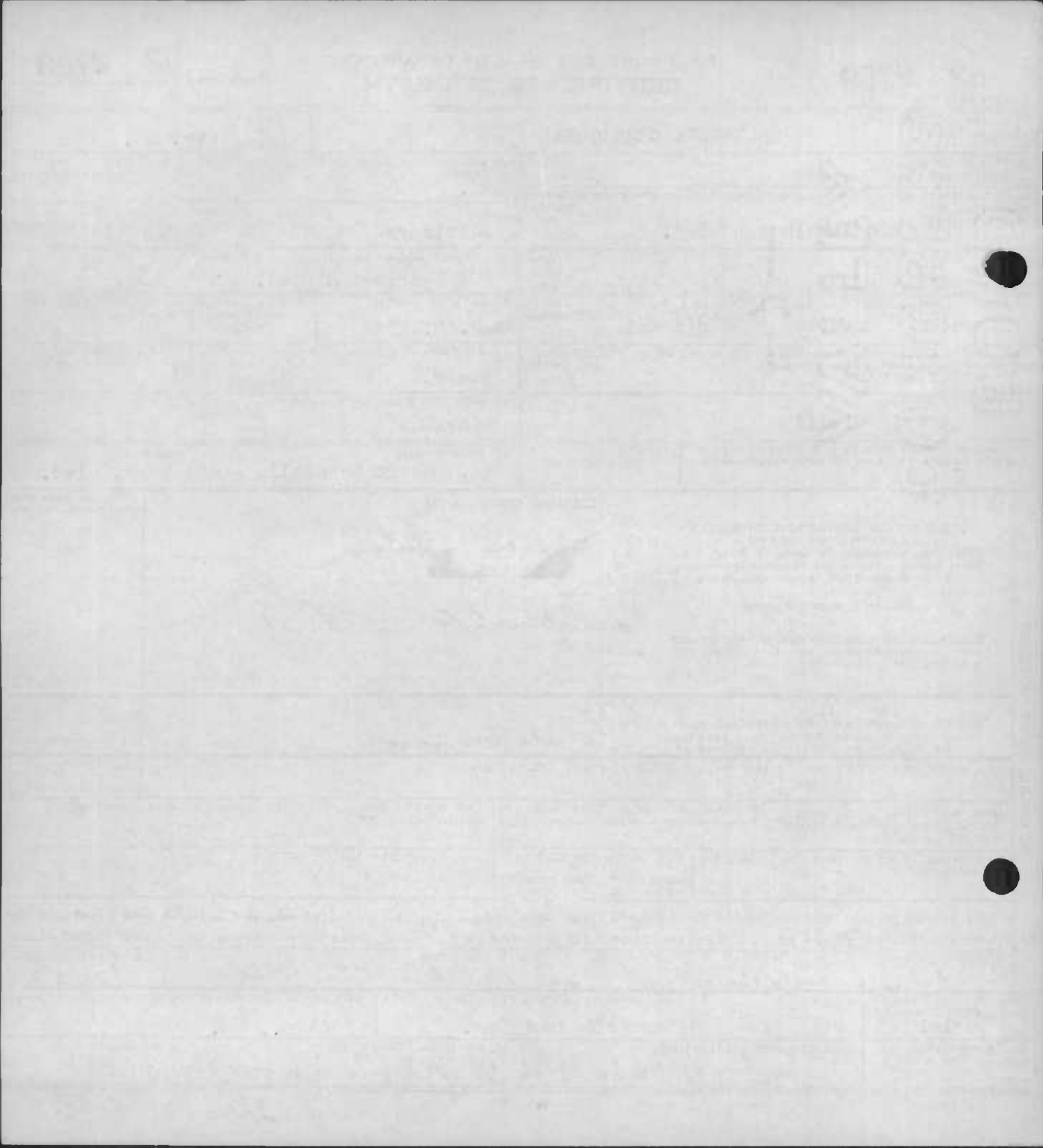
Registered No. 52 2789

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SALVATORA CERNIGLIA		Mar. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 604 Washington Blvd.		A. STATE Md.	
C. LENGTH OF STAY IN BALTIMORE		B. COUNTY	
Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02	
5. SEX female		D. STREET ADDRESS (If rural, give location) 604 Washington Blvd.	
6. COLOR OR RACE white		8. DATE OF BIRTH Aug. 6, 1868	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		9. AGE (in years last birthday) 83	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		11. BIRTHPLACE (State or foreign country) Italy	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME Rosario Miceli		14. MOTHER'S MAIDEN NAME Giovanna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mr. Robert Cerniglia - 604 Wash. Blvd.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Coronary Failure</i>		DUE TO		?	
ANTECEDENT CAUSES		(B) <i>Arteriosclerosis H.P.</i>		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Gravely pneumonia</i>		3 days	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 12, 1952, to March 20, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 8 3/4 A. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John J. Giesberg</i>		23B. ADDRESS M. D. <i>Medical Arts Bldg</i>		23C. DATE SIGNED 3/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR <i>Wm. J. Dickner & Sons</i>		24F. ADDRESS Balto 17 Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR'S ADDRESS	
VS 150					

MEDICAL CERTIFICATION



52 2790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2790
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Milton Stewart Lankford</i>		2. DATE OF DEATH <i>Mar 20, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Mayland Gen Hosp.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life.</i>		d. STREET ADDRESS (If rural, give location) <i>2905 N. Charles St #18</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 4, 1873</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stores Supervisor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Sugar Refinery</i>	9. AGE (In years last birthday) <i>78</i>
13. FATHER'S NAME <i>Benjamin F. Lankford</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Amanda Porter</i>	
17. INFORMANT <i>Wilson Funeral Home - Princess Anne, Md.</i>		ADDRESS	

18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of prostate with metastasis.</i>	CAUSE OF DEATH (A) <i>Carcinoma of prostate with metastasis.</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11/27</i> , 1951, to <i>3/20</i> , 1952, that I last saw the deceased alive on <i>3/20</i> , 1952, and that death occurred at <i>7:02 Am.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>G.S. Bryant</i> M.D.	23B. ADDRESS <i>Mayland Gen Hosp</i>	23C. DATE SIGNED <i>3/20/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/22/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Manokin Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Princess Anne, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wilson Funeral Home - Princess Anne, Md.</i>	

May 9

May 10

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JAMES BLACKMAN		2. DATE OF DEATH March 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04	
D. STREET ADDRESS (If rural, give location) 930 N. Rutland Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 3, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter B & O R.R.		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) British West Indies		12. CITIZEN OF WHAT COUNTRY? British W	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Annie Blackman		ADDRESS	

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley V. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 20, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

March 23/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

U. G. County Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 21 1952

REGISTRAR'S SIGNATURE

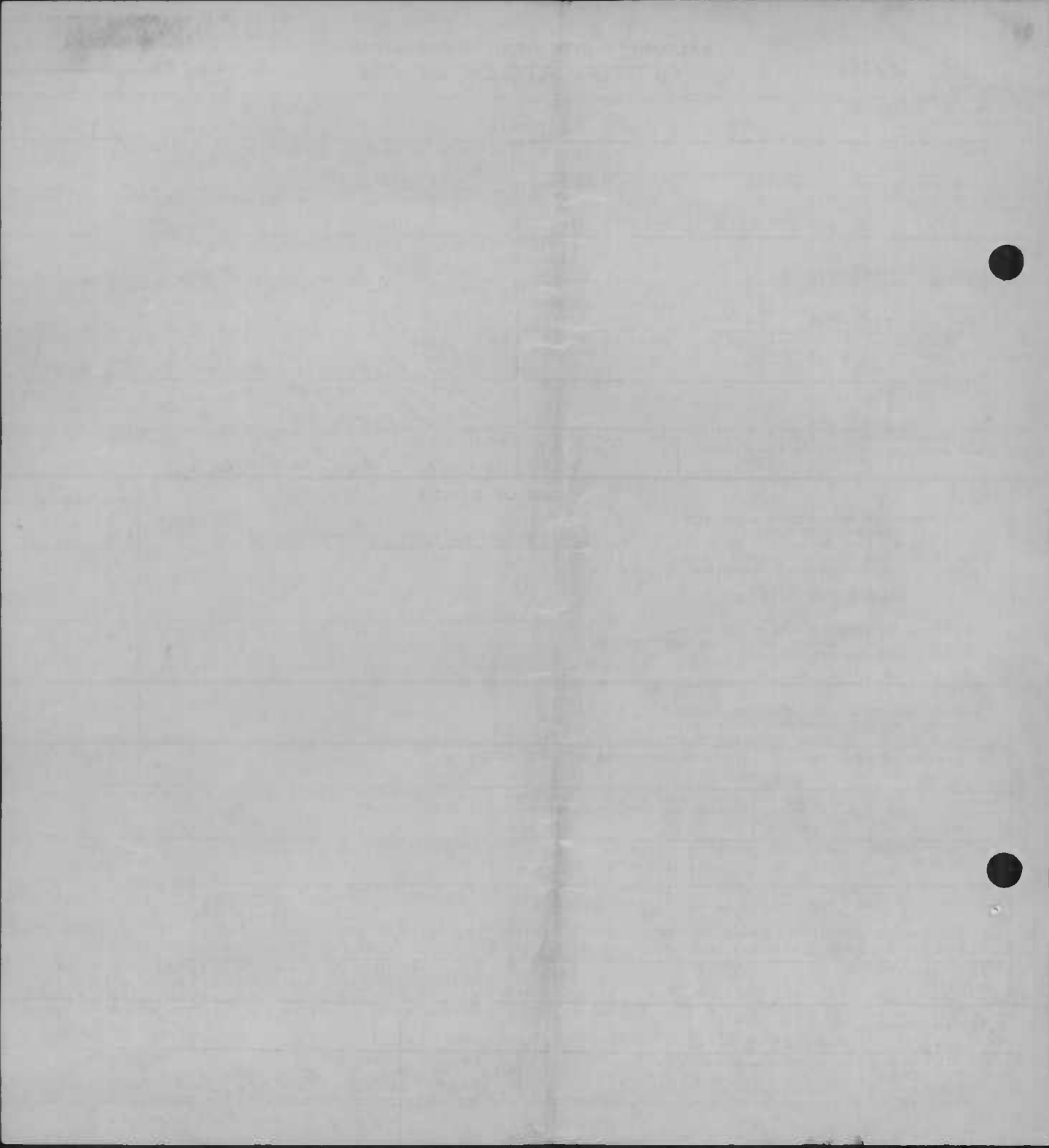
Huntington Williams

25. FUNERAL DIRECTOR

780 50 112977

ADDRESS

Caroline St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2792
Registered No.

BIRTH NO. 51-28115

1. NAME OF DECEASED (Type or Print) RUBY JACKSON		2. DATE OF DEATH March 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36	
D. STREET ADDRESS (If rural, give location) 5605 Swift Lane		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov 29/50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Joseph Jackson		14. MOTHER'S MAIDEN NAME Ruby Gough	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Joseph Jackson		ADDRESS 5605 Swift	

18. **391.2** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Aspiration of vomitus
DUE TO **otitis media, right**

ANTECEDENT CAUSES

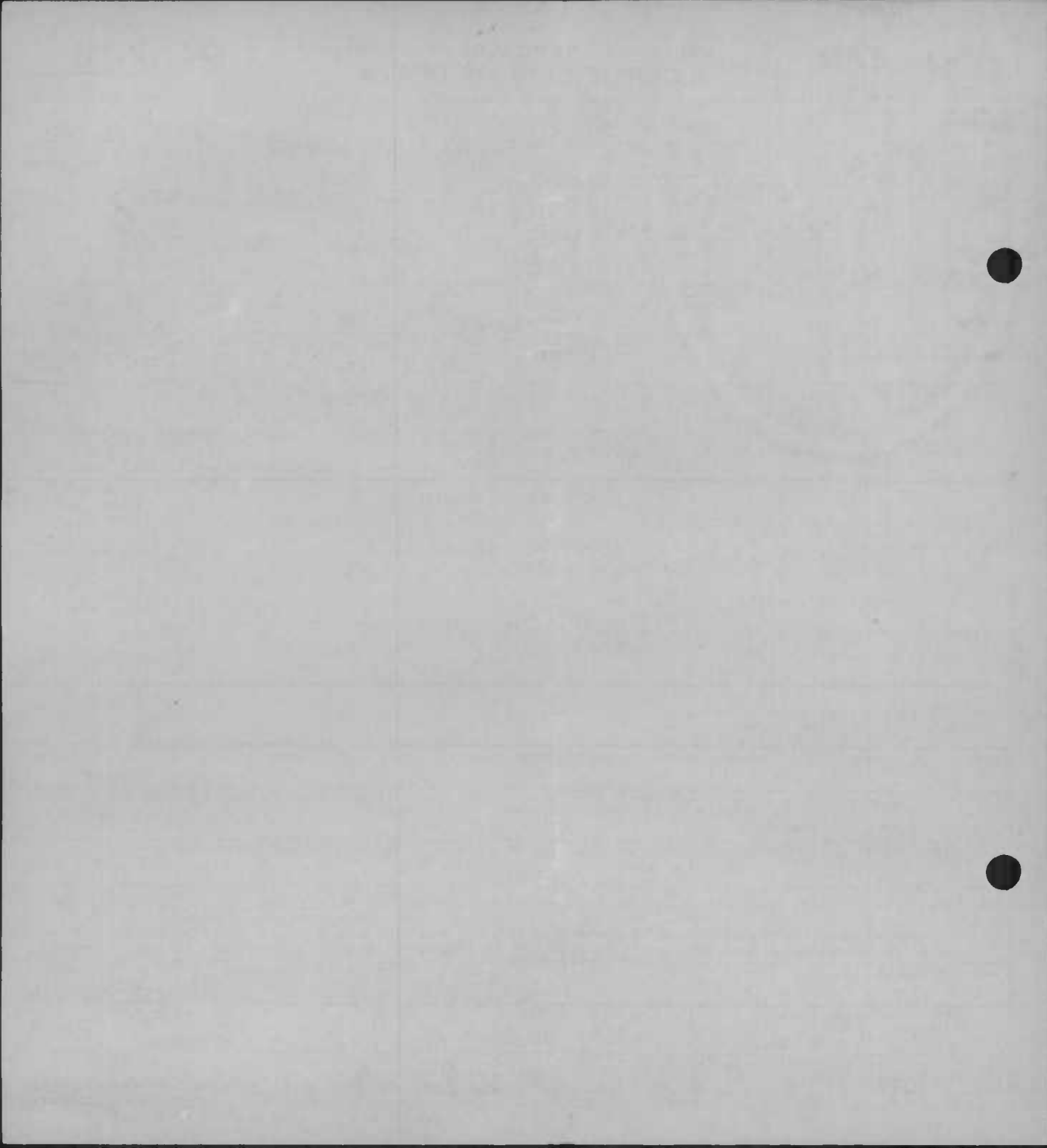
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE W. Williams		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 22/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	24D. LOCATION (City, town, or county) (State) A. G. County Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 2 Mrs. J. H. G. Ellis & daughters 1129 N. Caroline ST.	



600
CERTIFICATE CORRECTED 3-26-52BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2793
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES BAYER

2. DATE
OF
DEATH

March 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2524 E. Monument St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

7-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2524 E. Monument St.

c. Length of stay in Baltimore

66 years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 11, 1869

9. AGE (In years last birthday)

82 81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Haas Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Bayer

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-18-9517

17. INFORMANT

ADDRESS

Veronica Bayer - wife - above

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Arteriosclerotic heart disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ m. WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1952, to Mar 19, 1952 that I last saw the deceased alive on Mar 19, 1952, and that death occurred at 7A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd., Balto.Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

MEDICAL CERTIFICATION

416
52 2794BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2794

1. NAME OF DECEASED (Type or Print) Annie Sealover			2. DATE OF DEATH 3/21/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Balto		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Rural		
C. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) 7615 Cypress Ave 5200		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29, 1863		9. AGE (in years, last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Herman Hellman			14. MOTHER'S MAIDEN NAME Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Chas. H. Sealover, Surgeon	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Insufficiency C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cholecystectomy			INTERVAL BETWEEN ONSET AND DEATH About 18 days		
19A. DATE OF OPERATION 2/29/52		19B. MAJOR FINDINGS OF OPERATION Cholelithiasis			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/26 , 19 52 , to 3/21 , 19 52 , that I last saw the deceased alive on 2/20 , 19 52 , and that death occurred at 1 40 Am., from the causes and on the date stated above.					
23A. SIGNATURE Joseph A. Knell		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 3/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Mar 24/52		24C. NAME OF CEMETERY OR CREMATORY Cal. Lawn Bldg	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. NAME OF FUNERAL DIRECTOR Philip's Funeral Home		24F. ADDRESS 1124	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR'S SIGNATURE Philip's Funeral Home	

Page 36

MASSACHUSETTS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2795

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER DENNARD

2. DATE
OF
DEATH

3/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

918 BIVENS ST

C. Length of stay in Baltimore

59 Yrs
Mos.
Days

5. SEX

M

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TINSMITH

10B. KIND OF BUSINESS OR INDUSTRY

METAL

12. FATHER'S NAME

DANIEL DENNARD

8. DATE OF BIRTH

JUNE 7, 1892

9. AGE (In years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

MARY E. RIGGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

13. INFORMANT

ADDRESS

E. Stella Johnson

18. 162X

CAUSE OF DEATH

METASTATIC CA

INTERVAL BETWEEN ONSET AND DEATH

12 MOS.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

CA Rt. LUNG

36 MOS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/6 1952 to 3/19 1952, that I last saw the deceased alive on 3/13 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

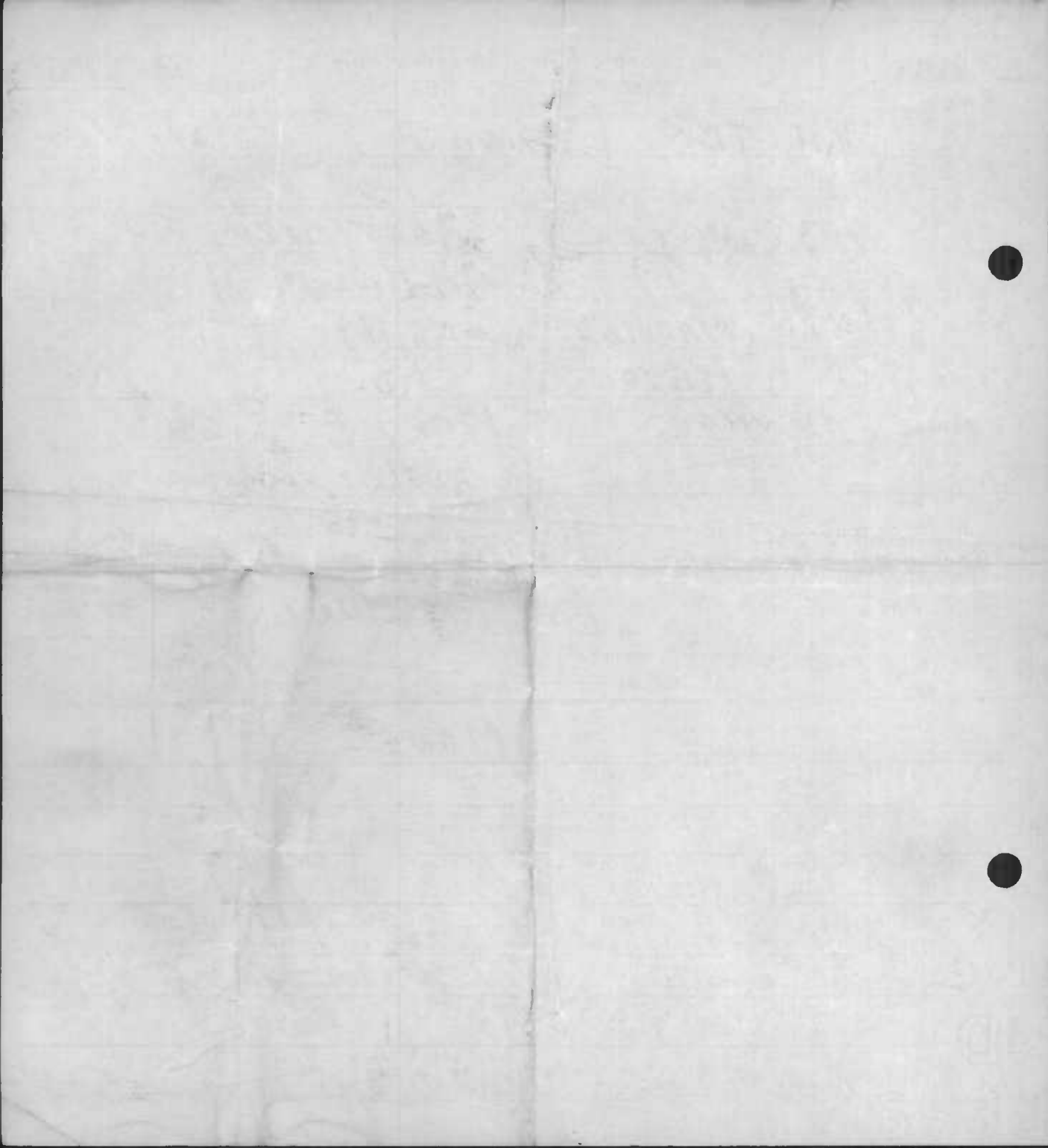
24E. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

Huntington Williams, Jr.

145 W. MONTGOMERY ST. 3/19/52



52-157471
52 2736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2736

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Henry James		3-17-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4040 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) Rear 522 S. Washington St. zone 31	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 20- 1872	9. AGE (In years last birthday) 79 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Henry James (D)				14. MOTHER'S MAIDEN NAME Catherine ? (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4040 Eastern Ave.	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE CORPULORALE DUE TO Arteriosclerotic Heart Disease DUE TO Nephrosclerosis of Kidney				INTERVAL BETWEEN ONSET AND DEATH 6hrs. years years	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK				21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-16-1952 to 3-17-1952 that I last saw the deceased alive on 3-17-1952, and that death occurred at 12noon from the causes and on the date stated above.					
23A. SIGNATURE P. P. Cohen		23B. ADDRESS 4040 Eastern Ave., Balto., Md.		23C. DATE SIGNED 3-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-21-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) (State) Balto - Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR 25. ADDRESS		24H. ADDRESS		24I. ADDRESS	

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE

1-1-1971

1-1-1971



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 2797

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Henry Christopher Schrieber</u>			2. DATE OF DEATH <u>March 21, 1952</u>		
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md.</u> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp. 1400 N. Caroline St.</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
5. LENGTH OF STAY IN BALTIMORE <u>Life</u> Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <u>414 N. Bouldin St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-31-03</u>	9. AGE (In years last birthday) <u>48</u>	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Pan. American Oil</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Joseph</u>		
14. MOTHER'S MAIDEN NAME <u>Theresa Helgart</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>Mae Schrieber - same</u>		

CAUSE OF DEATH

<p>18. <u>151x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinomatosis</u> (A) _____ DUE TO _____</p> <p>II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Carcinoma of Stomach</u> (B) _____ DUE TO _____</p> <p>(C) _____</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

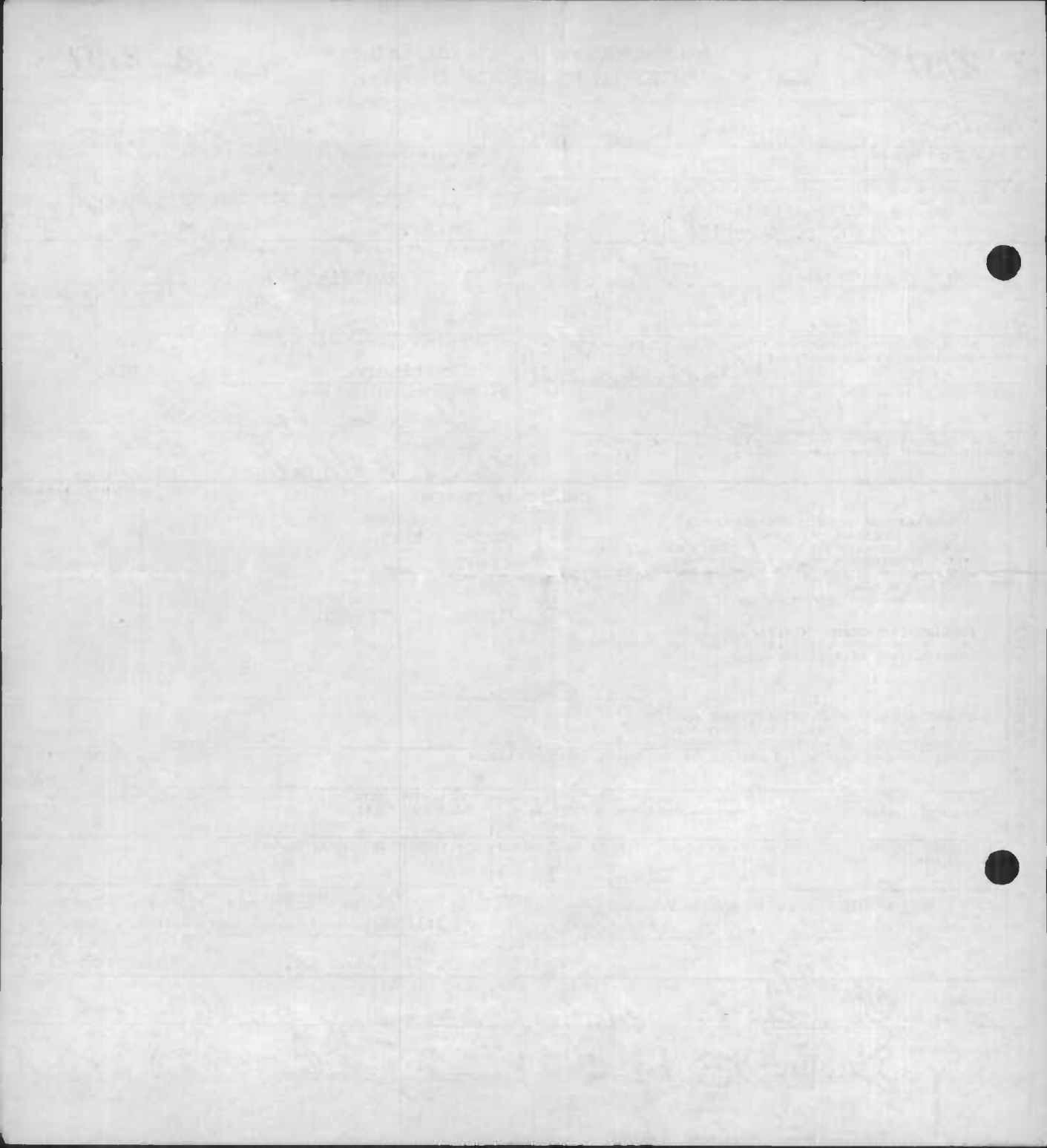
22. I hereby certify that I attended the deceased from March 14, 1952, to March 21, 1952, that I last saw the deceased alive on March 21, 1952, and that death occurred at 12:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Coffey Jr.</u> M. D.	23b. ADDRESS <u>1400 N. Caroline St.</u>	23c. DATE SIGNED <u>March 21 '52</u>
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24d. LOCATION (City, town, or county) (State) <u>Balto - Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>Mar 21 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Lally & Zelen</u>	ADDRESS <u>403 S. Wolfe St</u>

MEDICAL CERTIFICATION

76345



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2798**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

PAPUGA

2. DATE
OF
DEATH

March 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1001 Belnord Avenue - S.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

71

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PAPUGA

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY GOODMAN 1001 S. BELNORD AVE

18. **E 929.8**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning-found drowned**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Found in harbor-foot of Chester Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found March 20, 1952

21E. INJURY OCCURRED

WHILE AT ☐ WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

X Found drowned

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

MAR 22/52 STANISLAUS CEM

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DUNDALK AVE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 21 1952

Huntington Williams, M.D. STEPHEN J. FIAKROWSKI INC

25. FUNERAL DIRECTOR

ADDRESS

1000 SKENWOOD AVE

V S 151 N 990.0

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 2799

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
 (b) Street address #513 Tunbridge Road
 (c) Hospital or institution:
 Length of stay in hospital or inst. (yrs., mos., or days) 3 wks.
 Length of stay in Baltimore (yrs., mos., or days) 3 wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Anne Arundel
 (c) City or town Severn
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 9 W. Camp Meade Road
 (If rural give location)
 (e) Citizen of foreign country? U.S.A. (Yes or No)
 If yes, name country

3 (a) FULL NAME

ANNIE CARDELIA ALLEN

3 (b) If veteran, name war none
 3 (c) Social Security Account No. None

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Henry E. Allen
 6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1877

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace. Severn, Maryland
 (Town, county, and state)

10. Usual Occupation. Housewife

11. Industry or business Own Home

12. Name. Charles R. Griffith

13. Birthplace

14. Maiden Name. Alvorta Pumphrey

15. Birthplace

16 (a) Informant Henry E. Allen

(b) Address Severn, Maryland

(a) Burial (b) Date thereof March 22, 1952
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory. Glen Haven
 Location. Glen Burnie

18 (a) Funeral director R.V. Singleton

(b) Address. Glen Burnie, Maryland

19 (a) MAR 21 1952 (b) Huntington Williams, Jr.
 (Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1952, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 19.

Immediate cause of death
 Cerebral Hemorrhage Duration 20 days

Due to Arteriosclerotic Cardiac Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address. C. Chan St Date signed 5/2/52

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

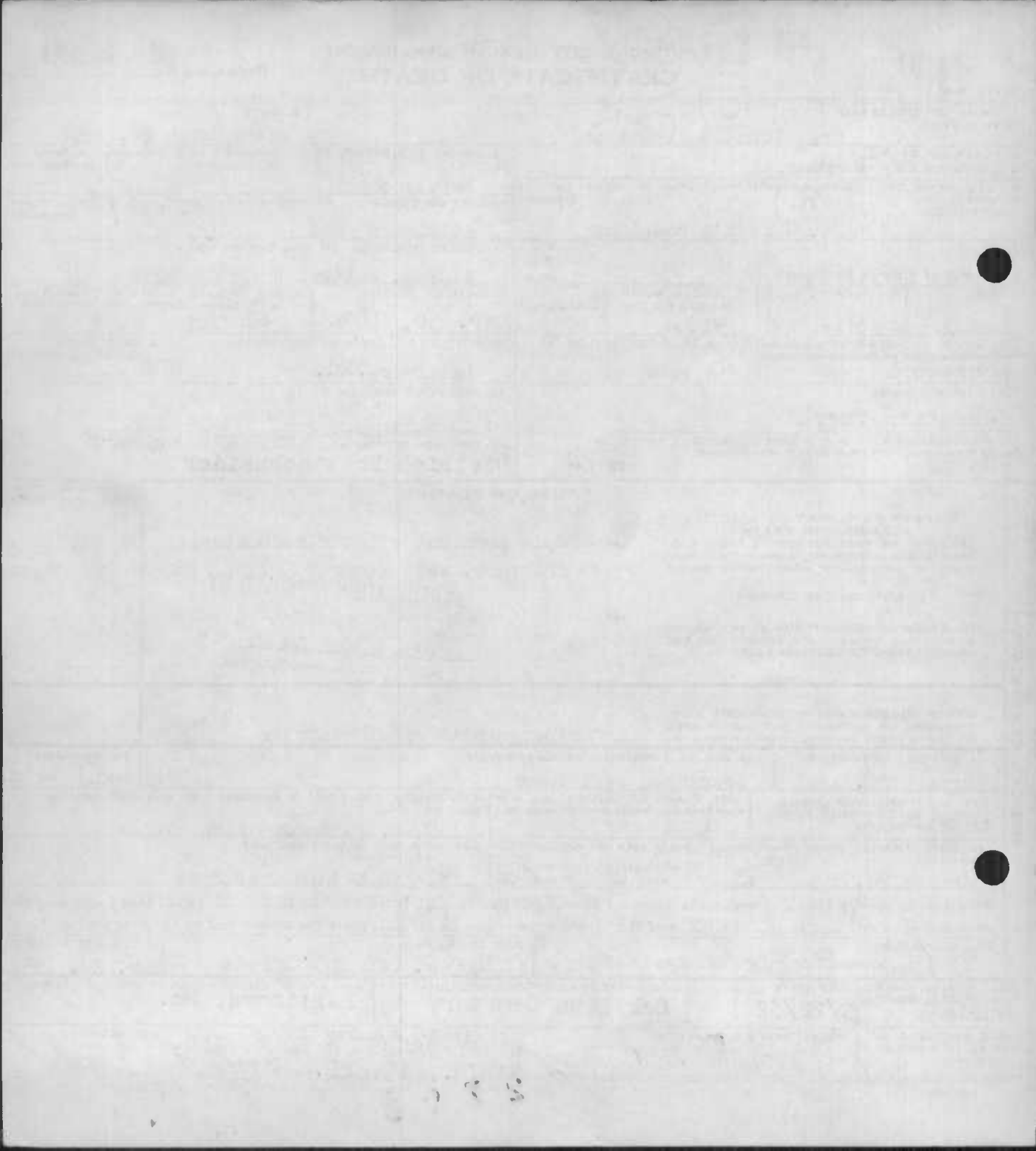
632
2880

1. NAME OF DECEASED (Type or Print) Brettschneider, Mollie			2. DATE OF DEATH March 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore #13		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #13		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1107 N. Patterson Park Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 30, 1870	9. AGE (in years last birthday) 81	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10B. KIND OF BUSINESS OR INDUSTRY Own home		
13. FATHER'S NAME Sebastian Tuerk			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. none		
17. INFORMANT 4611 Mary Avenue - 6			18. CITIZEN OF WHAT COUNTRY? USA		

18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Simple comminuted intertrochanteric fracture, left femur		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular		
CAUSE OF DEATH (A) Simple comminuted intertrochanteric fracture, left femur (B) CERTIFICATION APPROVED BY William V. [Signature] M.D. CHIEF OR ASST. MEDICAL EXAMINER (C) Arteriosclerotic cardiovascular		

19A. DATE OF OPERATION February 26, 1952		19B. MAJOR FINDINGS OF OPERATION Fractured left femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1107 N. Patterson Park Avenue	
21D. TIME (Month) (Day) (Year) (Hour) INJURY February 24, 1952 12:00 m. Midnight		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? to floor Fell in bathroom at home	
22. I hereby certify that I attended the deceased from February 24, 1952 to March 20, 1952 , that I last saw the deceased alive on March 20, 1952 and that death occurred at 12:05 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Mar. 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/22/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24F. ADDRESS BALTO., 13, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE [Signature]		25. ADDRESS [Signature]	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

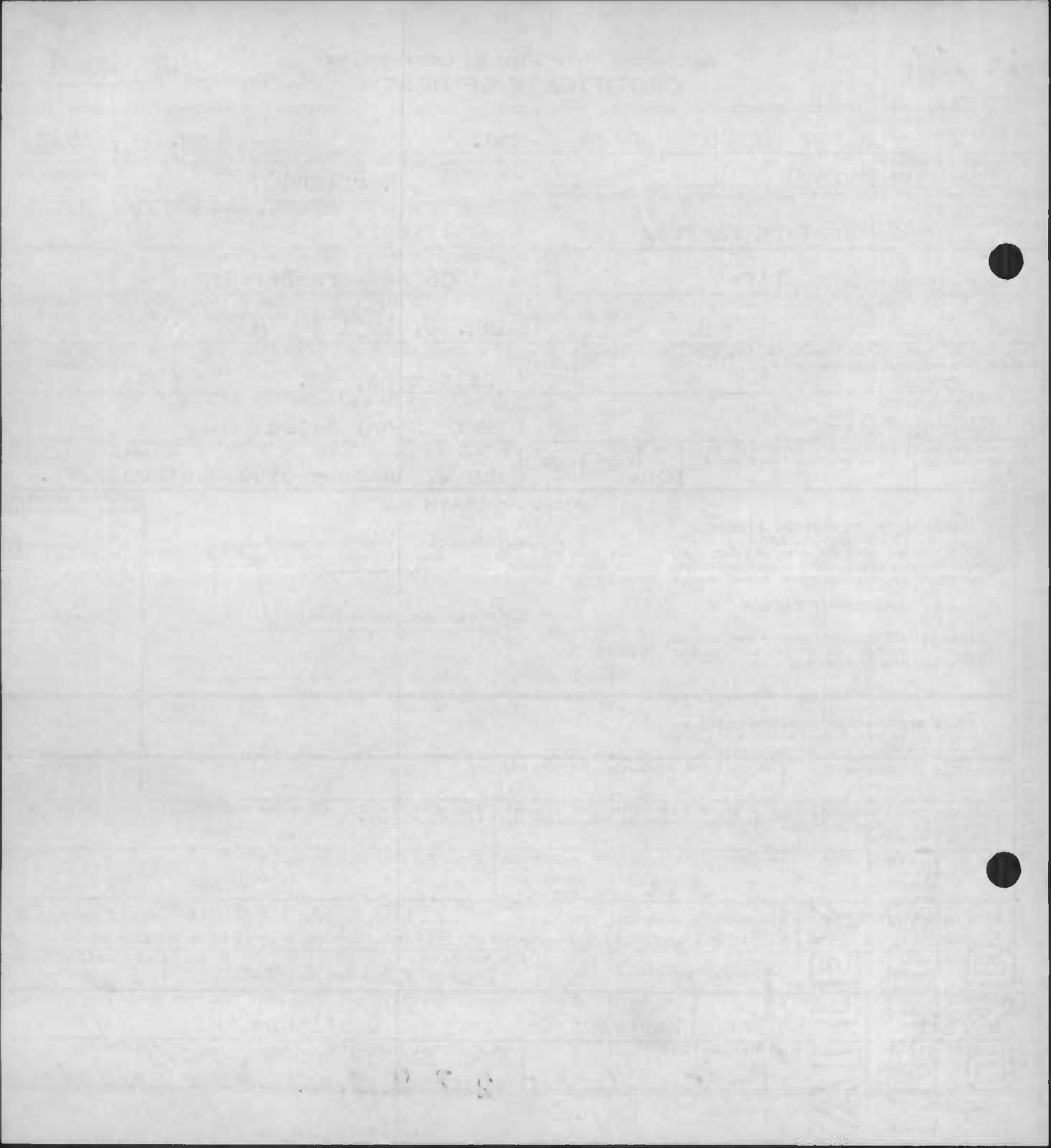
Registered No. **52 2801**

352
52 2801
BIRTH NO. **51-18139**

1. NAME OF DECEASED (Type or Print) HENRY NORRIS ADAMS -2nd.			2. DATE OF DEATH Mar. 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5906 Eastern Parkway			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5906 Eastern Parkway		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Aug. 8, 1951		9. AGE (In years last birthday) 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Q. Adams			14. MOTHER'S MAIDEN NAME Ruth Naomi Laird		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS John Q. Adams - 5906 Eastern Pkwy.		

18. 492X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. virus infection (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-8 , 19 51 , to 3-20 , 19 52 , that I last saw the deceased alive on 3-18 , 19 52 , and that death occurred at 10:40 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Moore		23B. ADDRESS 3105 Belair Rd		23C. DATE SIGNED 3-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/22/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
				ADDRESS BALTIMORE, MD.	



420
52 2802BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2802

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) VERNON WILLIS		2. DATE OF DEATH 3-20-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland Oster		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore 21 yrs.		d. STREET ADDRESS (If rural, give location) 1861 N. COLLINGTON			
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-3-99	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Ship Bldg.		11. BIRTHPLACE (State or foreign country) OHIO	
13. FATHER'S NAME Edgar Willis		14. MOTHER'S MAIDEN NAME Susan Sterling			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-03-9563		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hodgkins Lymphoma ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Bone marrow & abdominal nodes		CAUSE OF DEATH (A) Hodgkins Lymphoma DUE TO (B) Bone marrow & abdominal nodes (C)		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-12 , 19 52 , to 3-20 , 19 52 , that I last saw the deceased alive on 3-20 , 19 52 , and that death occurred at 4:05 Am., from the causes and on the date stated above.					
23a. SIGNATURE Richard S. Ross		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 3/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/24/52		24c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24d. LOCATION (City, town, or county) Baltimore Md.		24e. STATE Baltimore Md.		24f. ADDRESS BALTO, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR HENRY SANDERSON & SONS, INC.	

VS 150

55430

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2803**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES GALLAGHER

2. DATE
OF
DEATH

Mar. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1 N. Smallwood Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write R.R. No. and give township)

D. STREET ADDRESS (If rural, give location)

1 N. Smallwood Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

Single

8. DATE OF BIRTH

Nov. 14, 1875

9. AGE (In years last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Button Hole Finisher

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

USA

13. FATHER'S NAME

John Gallagher

14. MOTHER'S MAIDEN NAME

Anne O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

215-01-8811

17. INFORMANT **1 N. Smallwood Street -23**

Miss Annie Gallagher

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Myocarditis

DUE TO

3 yrs

(C)

Arterio Sclerosis

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from **Feb 19, 1952**, to **Mar 19, 1952**; that I last saw the deceased alive on **Mar 19, 1952**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall MD

M. D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

Mar 20 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

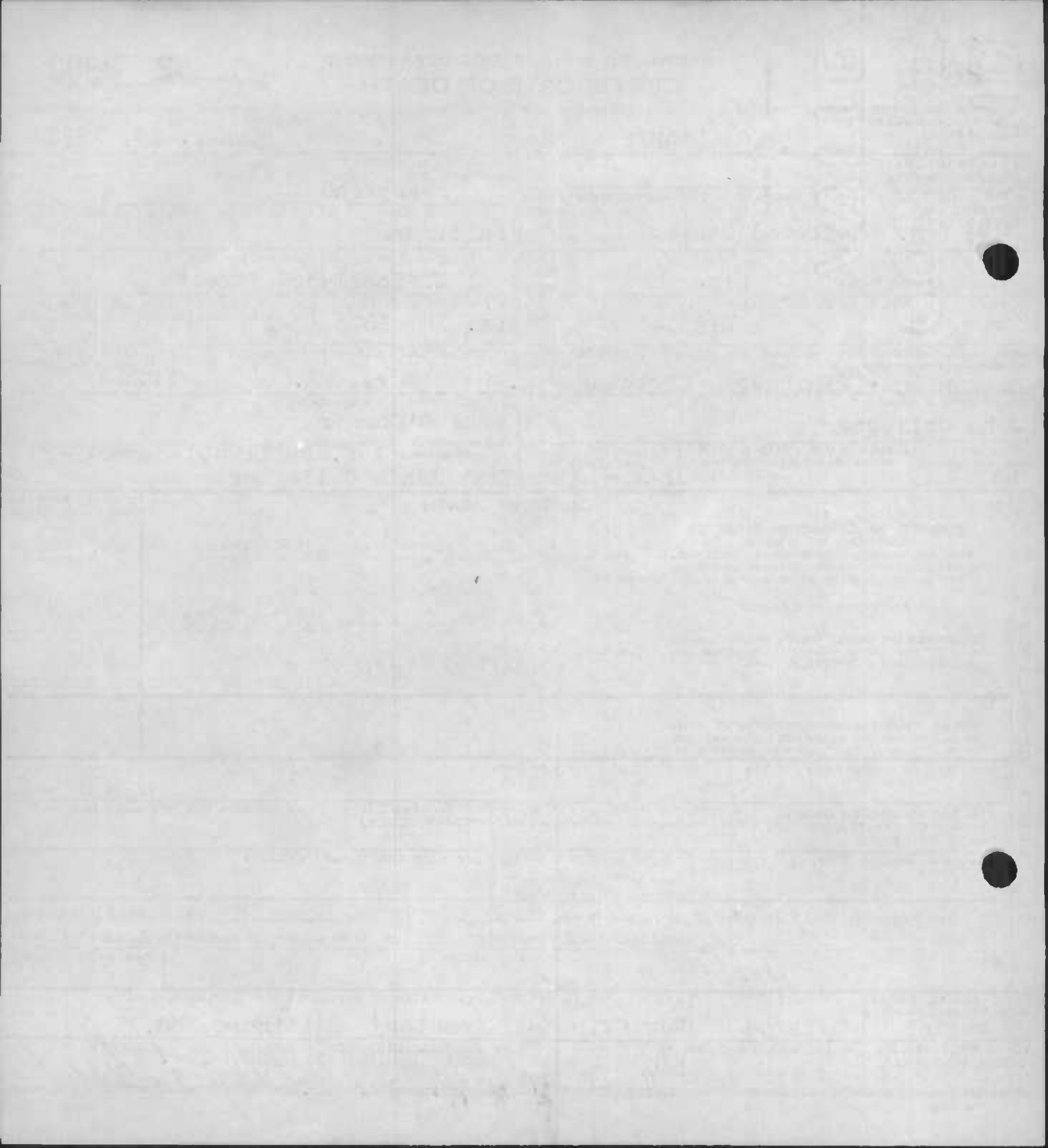
HENRY SANDER & SONS, INC.

BALTO., 13, MD.

MAR 21 1952

VS 150

MEDICAL CERTIFICATION



260
2 2804
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

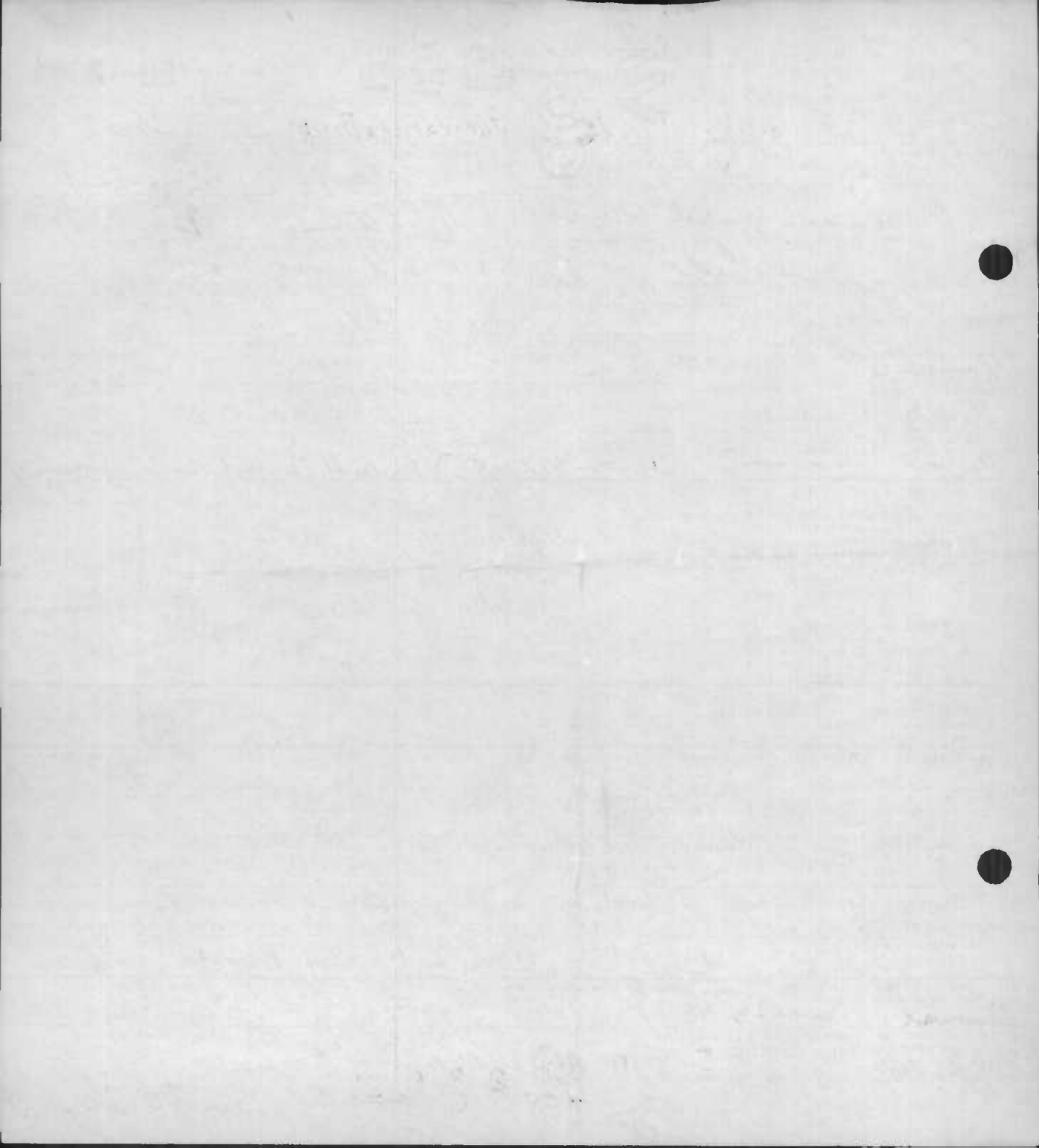
Registered No. 2804

1. NAME OF DECEASED (Type or Print) <i>Fredericka BAKER (FreidARICKA BAKER)</i>			2. DATE OF DEATH <i>3.20.52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Maryland</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-0</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1713 S. Hanover St #30</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>	8. DATE OF BIRTH <i>Dec 17, 1886</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>			12. CITIZEN OF WHAT COUNTRY? <i>american U.S.A.</i>		
13. FATHER'S NAME <i>George A. Stank</i>			14. MOTHER'S MAIDEN NAME <i>Louise Holzer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>n</i>			16. SOCIAL SECURITY NO. <i>(212-01-6778-8)</i>		
			17. INFORMANT ADDRESS <i>Charles B. Baker (husband) same</i>		

18. <i>260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Acute coronary occlusion</i> DUE TO (B) <i>Diabetes mellitus</i> DUE TO (C) <i>Pulmonary infarction</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3.20.52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>3.20.52</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3.3.1952</i> to <i>3.20.1952</i> that I last saw the deceased alive on <i>3.20.1952</i> and that death occurred at <i>2:15pm.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Sp. Jean Liu</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>3.20.52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mon. March 24, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>A. Howard Evans 1400 S. Charles St. Balto 30, Md.</i>



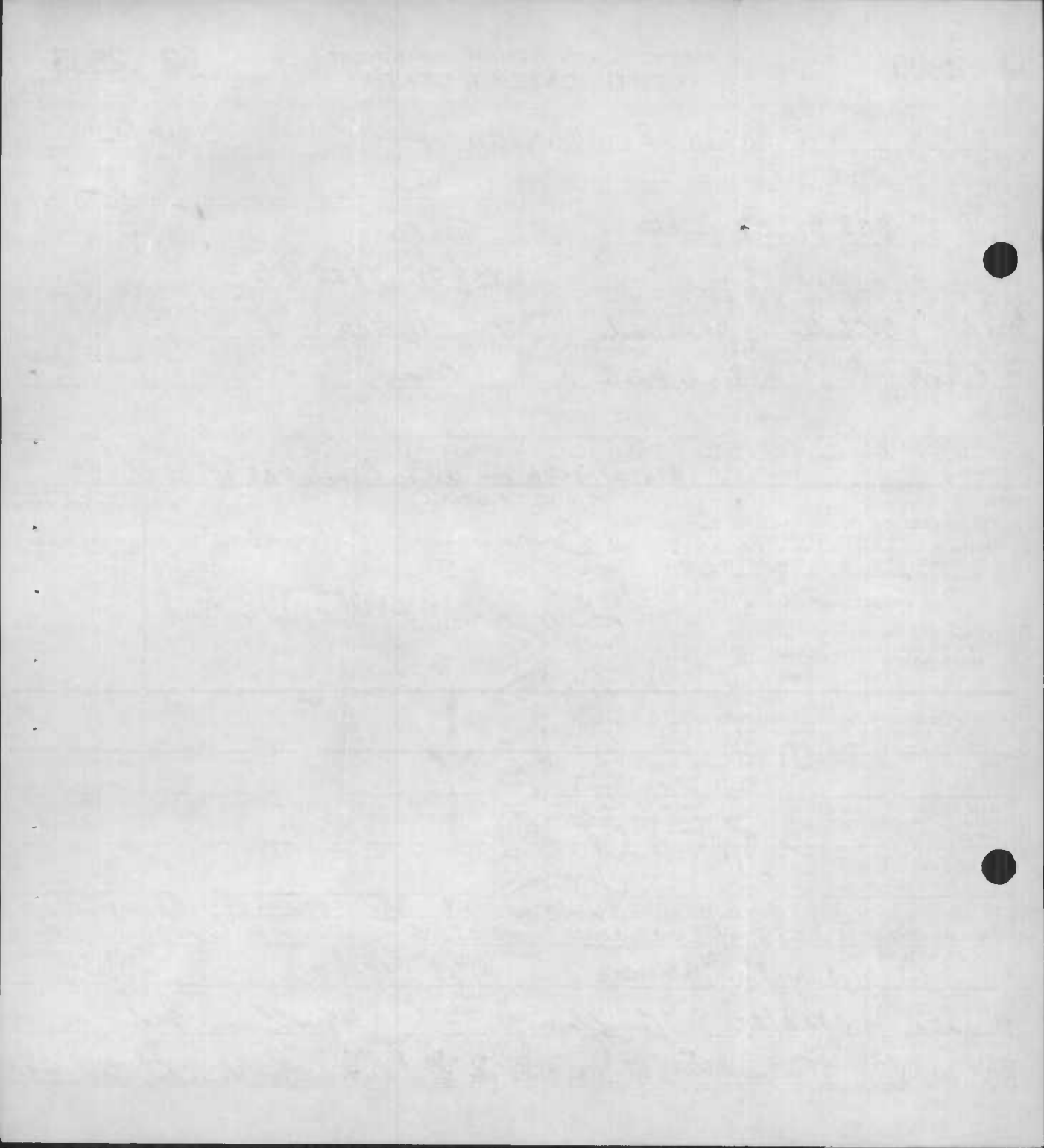
525
52 2805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2805

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANKLIN E. JOHNSON		3/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 838 W. 37th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. 13-07			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 838 W. 37th St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1900	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk.		10B. KIND OF BUSINESS OR INDUSTRY Sears Roebuck.		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-07-0486		17. INFORMANT ADDRESS Mary E. Johnson 838 W. 37th St.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY T BRONCHITIS (A) DUE TO CORONARY ART. DISEASE (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH minutes			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 19, 1952 to Mar. 19, 1952 that I last saw the deceased alive on Feb. 15, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Edward H. Hanman		23B. ADDRESS 4037 Falls Rd.		23C. DATE SIGNED 3/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/22/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		25. FUNERAL DIRECTOR Huntington-Walsh, McPaul E. Chmura 3615-17 Chestnut Ave.	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2806**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lilly Bestpitch

2. DATE

OF DEATH *March 21, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION *St. Joseph's Hosp.
1400 N. Caroline St.*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE *Md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

404 Cross St. #30 E.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

12/23/1900

9. AGE (In years last birthday)

51

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Oper.

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Lith. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Leonard Kohler

14. MOTHER'S MAIDEN NAME

Alvinia

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. *434.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.)

(A)

Adrenal Insufficiency

OR TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pneumonia

OR TO

(C)

Compensated Heart failure

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *March 6, 1952*, to *March 21, 1952*, that I last saw the deceased alive on *March 21, 1952*, and that death occurred at *4:15 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

L. P. Coffey Jr.

M. O.

1400 N. Caroline St.

March 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

B

3/25/52

Cedar Hill

Brooklyn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

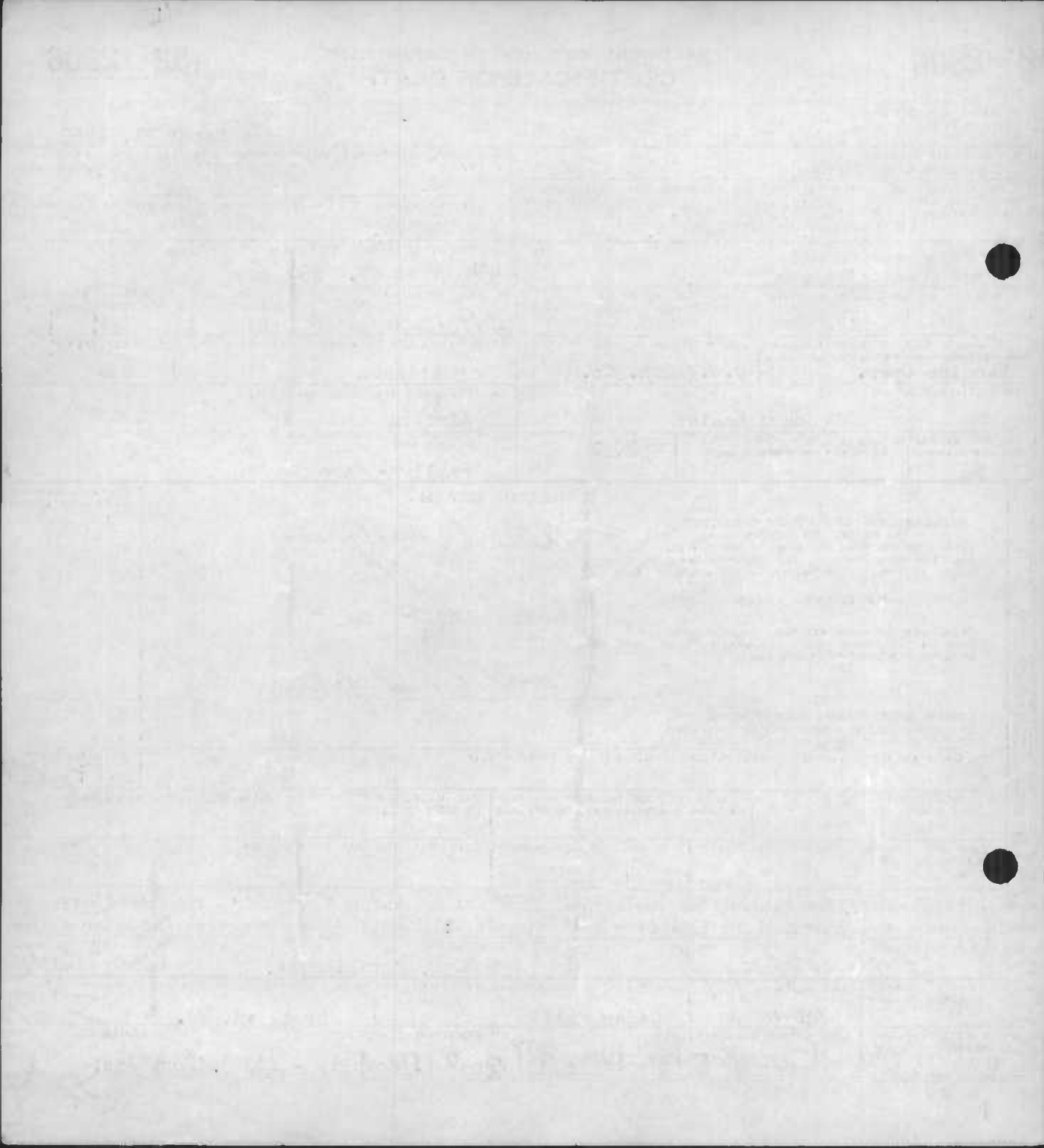
Huntington Williams, M.D.

James L. McCully - 130 E. Fort Ave.

VS 150

6904M

MEDICAL CERTIFICATION



536

HENDERSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2807

BIRTH NO. 2807 52-07683

1. NAME OF DECEASED (Type or Print) <i>Baby Henderson</i>		2. DATE OF DEATH <i>3/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2629 E. Preston St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3/21/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>10</i>
13. FATHER'S NAME <i>Journey L. Henderson</i>		14. MOTHER'S MAIDEN NAME <i>Marie Katers</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Journey Henderson</i>		ADDRESS	

18. *762.5*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Prematurity*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Obstructed R.L. Lung*
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *3/21* ¹⁹⁵² to *3/21*, 19*52*, that I last saw the deceased alive on *3/21*, 19*52*, and that death occurred at *6:45* A.M., from the causes and on the date stated above.

23A. SIGNATURE *R.H. Hamer* M. D. 23B. ADDRESS *Mary Hosp.* 23C. DATE SIGNED *3/21/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>3-21-52</i>		<i>St. Stanislaus</i>		<i>Dundack Ave. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
<i>MAR 21 1952</i>		<i>Huntington Williams</i>		<i>W. J. B. Buda, Inc.</i>		<i>2839</i>	

1965 55

1965 55

1965 55



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2808

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

(MUNCHELL) Von Munchow

2. DATE
OF
DEATH

March 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1523 W. Baltimore Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 31, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conf. Store Keeper

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Von Munchow

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bernice Fones, 3038 Arundel Avenue

18. 477. / 1942 082X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

Pulmonary tuberculosis

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

March 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

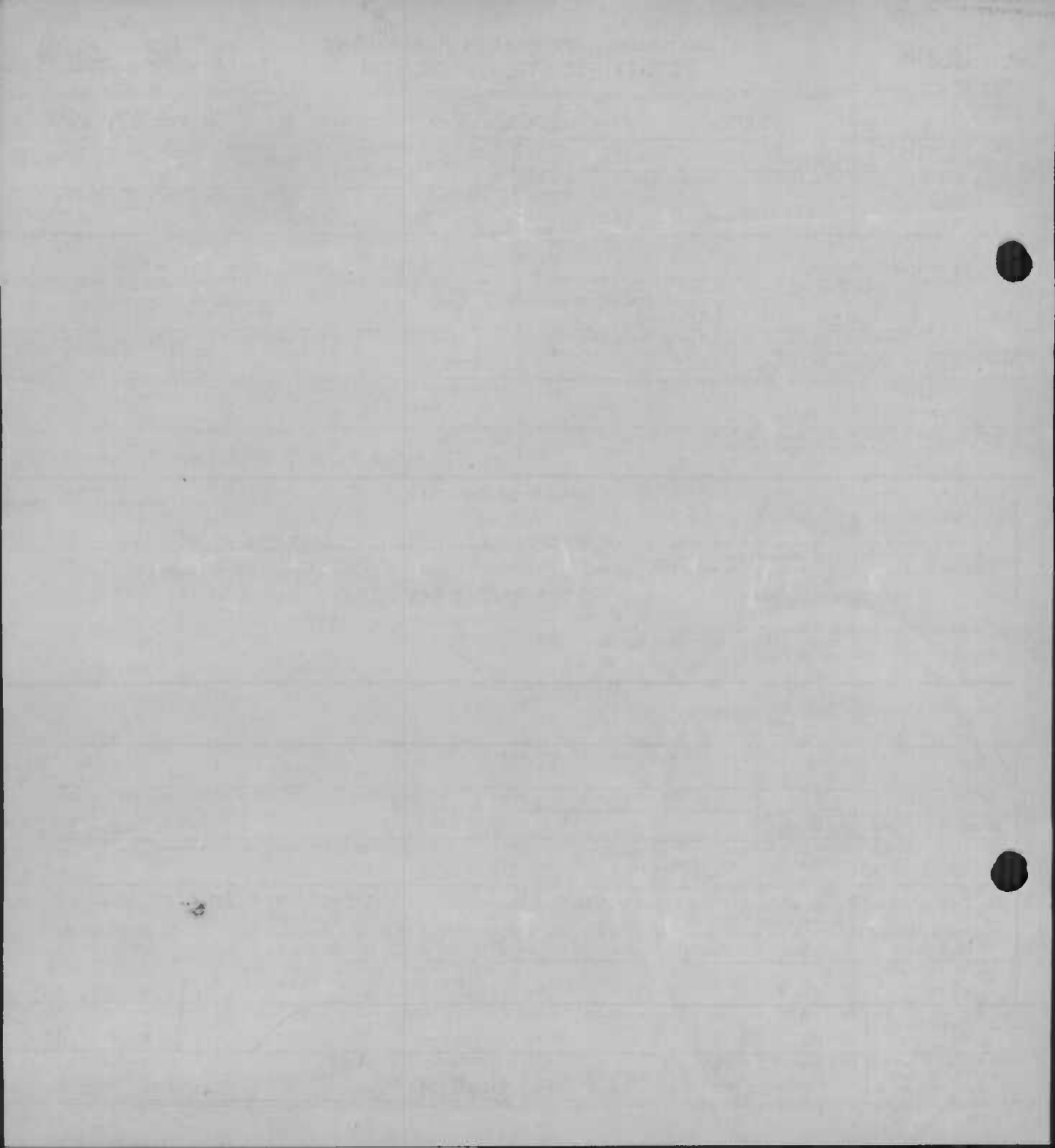
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1952

VS 151



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2809**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rita M. Malone

2. DATE
OF
DEATH

3/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Md.

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

203 E. Mt. Royal Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

203 E. Mt. Royal Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/8/92

9. AGE (In years last birthday)

54

If Under 1 Year Months Days Hours Min.

10 11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Never Employed

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Malone

14. MOTHER'S MAIDEN NAME

Margaret Borden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marie Malone 203 E. Mt. Royal Ave

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary sclerosis

2 years

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Epilepsy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *March*, 19*46* to *Mar. 19*, 19*52* that I last saw the deceased alive on *Mar. 8*, 19*52*, and that death occurred at *12 P m.*, from the causes and on the date stated above.

23A. SIGNATURE

Donald Jandorf

23B. ADDRESS

6077 Hanford Rd

23C. DATE SIGNED

3-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

St Mary's Gervans

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 21 1952

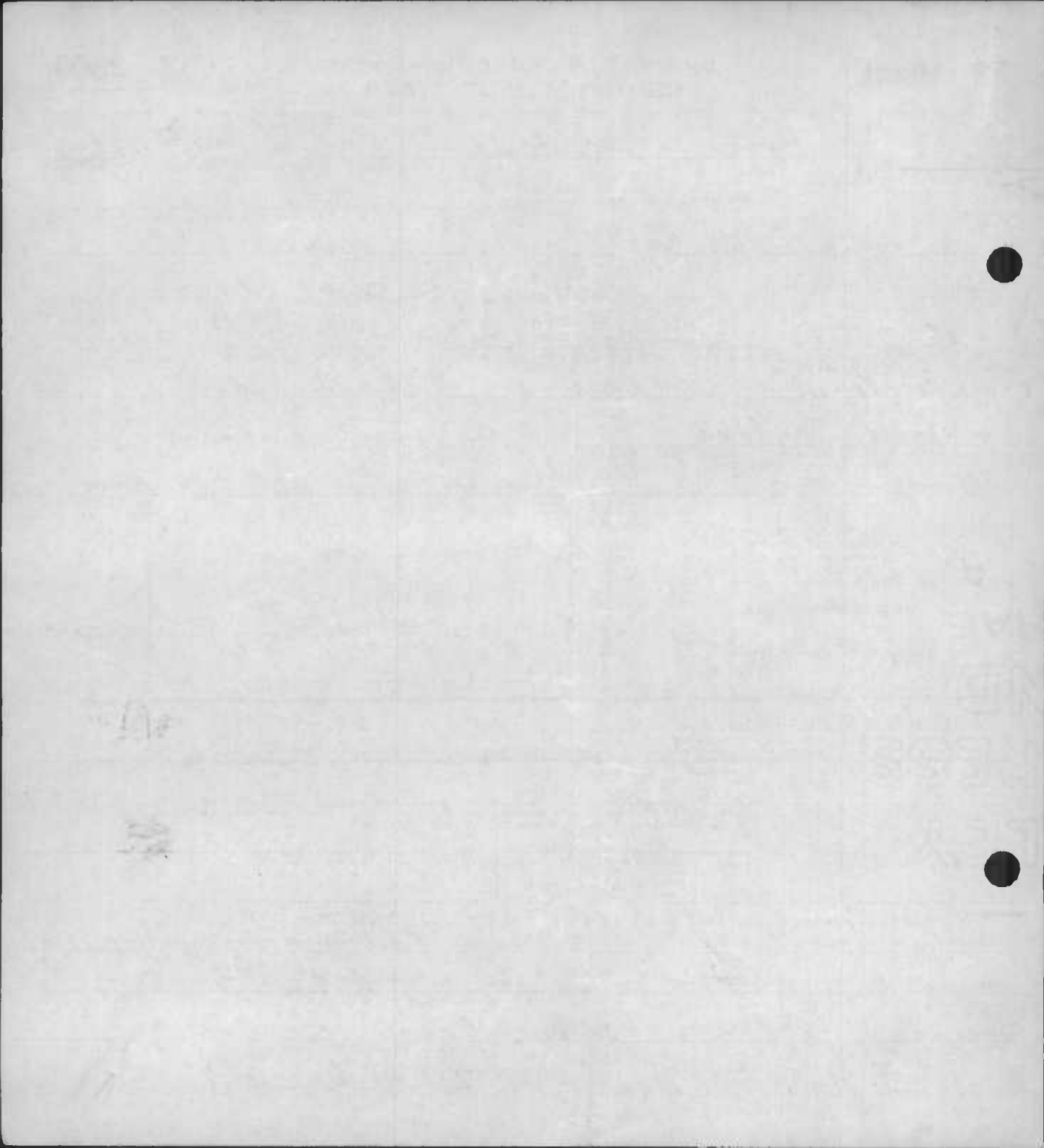
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2810**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret M. Hensell			2. DATE OF DEATH March 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 417 West 23rd Street			C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 417 West 23rd Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 6, 1905		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward B. McGee			14. MOTHER'S MAIDEN NAME Margaret M. Fallon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 578-03-1543	17. INFORMANT ADDRESS Mr. Arthur W. Hensell, 417 West 23rd Street		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Primary Carcinoma of Rectum DUE TO (B) Metastases to Colon DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 yr (6) ?
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-1**, 19**52**, to **3-20**, 19**52**, that I last saw the deceased alive on **3-9**, 19**52**, and that death occurred at **2 4** m., from the causes and on the date stated above.

23A. SIGNATURE E. D. Hensell	23B. ADDRESS Mr. E. Chase St.	23C. DATE SIGNED 3-21-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/24/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952	REGISTRAR'S SIGNATURE H. H. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co., 1217 St. Paul Street
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MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

630
52 2811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2811

1. NAME OF DECEASED (Type or Print) Sister Mary Scholastica Wroth			2. DATE OF DEATH 3/19/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) 5712 Roland Avenue C. Length of stay in Baltimore 85 Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore D. STREET ADDRESS (If rural, give location) 5712 Roland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 17, 1867	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Edward M. Wroth			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
14. MOTHER'S MAIDEN NAME Louisa Clark			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Sister Marie Theresa 5712 Roland Ave.		

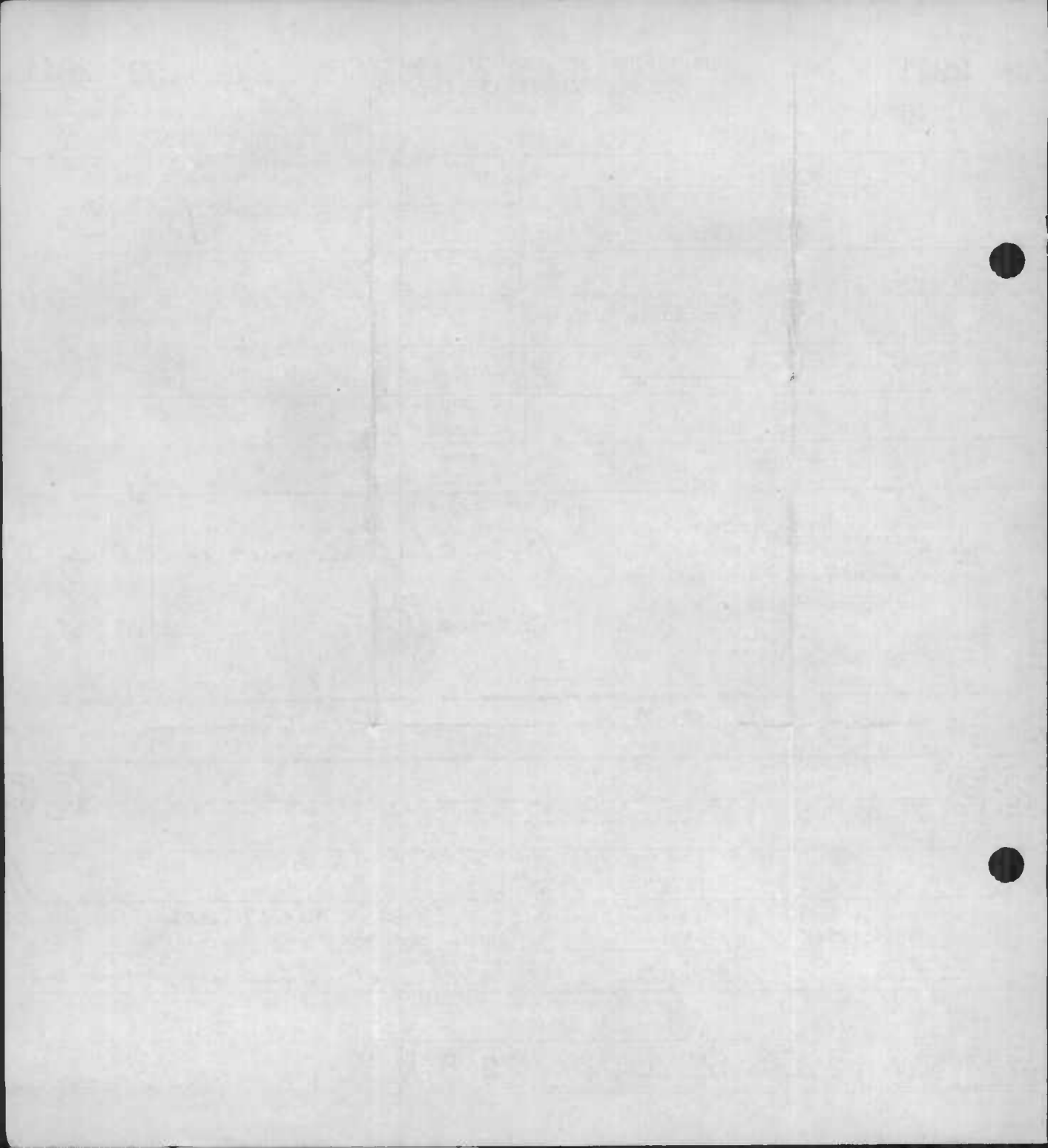
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 4 days	(A) Bronchopneumonia
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) S. m. l. ty	10 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, to Mar 19, 1952, that I last saw the deceased alive on Mar 18, 1952 and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE Charles O. Donovan M. O.	23B. ADDRESS 3111 N. Charles	23C. DATE SIGNED Mar 21
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/22/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) Baltimore, Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25 FUNERAL DIRECTOR W. B. Medley and Son 805 N. Calver St.	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2812**

BIRTH NO. **51-06056**

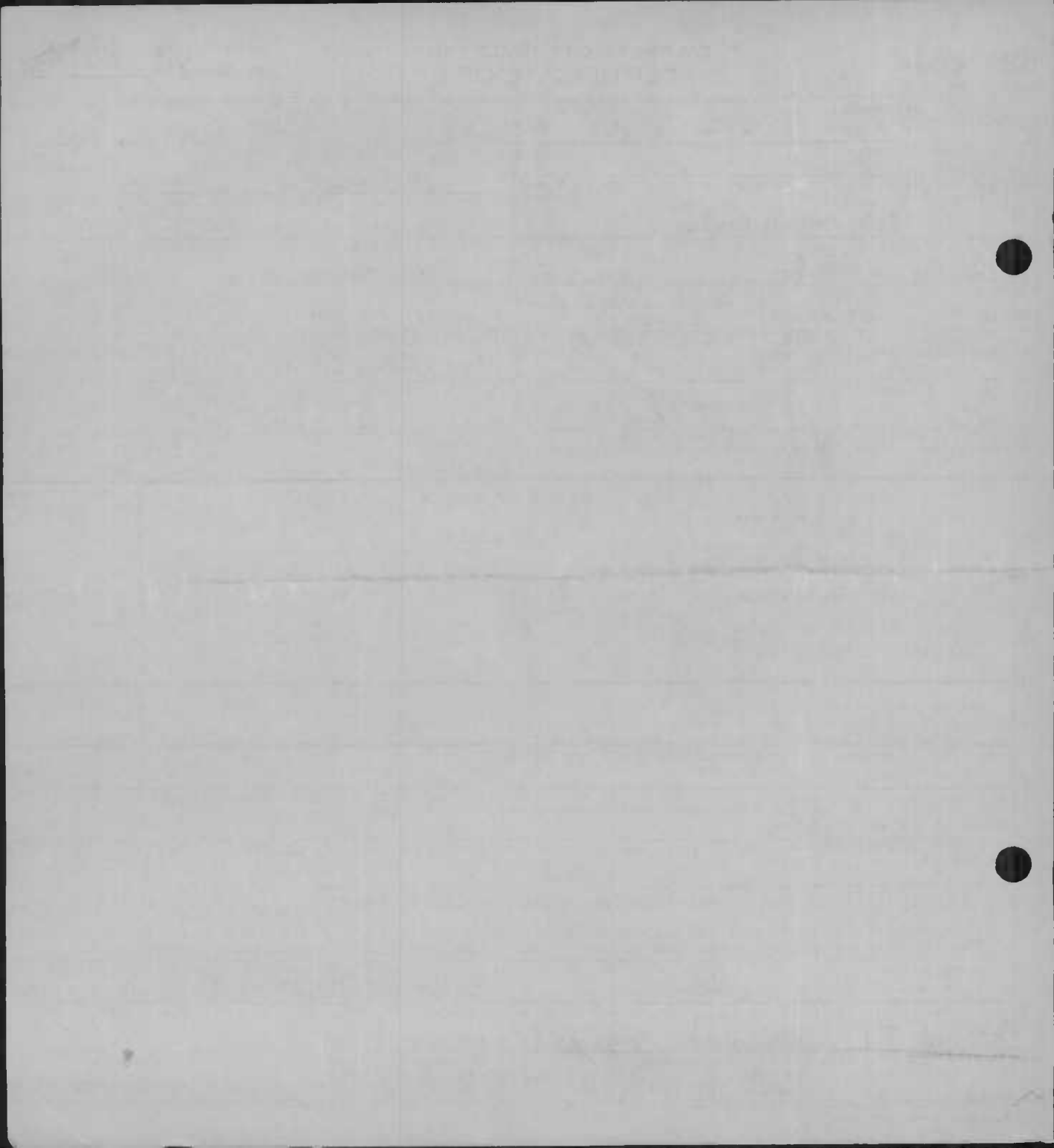
1. NAME OF DECEASED (Type or Print) JAMES M. POLLACK		2. DATE OF DEATH March 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3400 Erdman Avenue		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3609 Kenyon Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAR. 10 - 1951 1 yr.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		9. AGE (in years last birthday) 1 yr.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE - Md.	
13. FATHER'S NAME Robert J. Pollack		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Edna E. Stricker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS FATHER - SAME	

18. 391.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Otitis media (A) _____ DUE TO (B) _____ DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Durack</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED March 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/22/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) BALTO Md.	25. FUNERAL DIRECTOR ADDRESS 5305 N. HARTFORD	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2813**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM PRIBYL		2. DATE OF DEATH March 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore 50 Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2310 E. Eager Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-8-1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10B. KIND OF BUSINESS OR INDUSTRY GEN. BAKING-SELF	9. AGE (in years last birthday) 56
11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME JOSEPH PRIBYL		14. MOTHER'S MAIDEN NAME NOT KNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) WORLD WAR I		16. SOCIAL SECURITY NO. 216-32-8043	
17. INFORMANT MARY PRIBYL		ADDRESS 2310 E. EAGER ST	

18. **E900.0 and 151X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Fracture of skull**
DUE TO Subdural hematoma, bilateral

ANTECEDENT CAUSES

(B) **Carcinoma of stomach with metastases**
DUE TO to liver, brain and optic chiasm

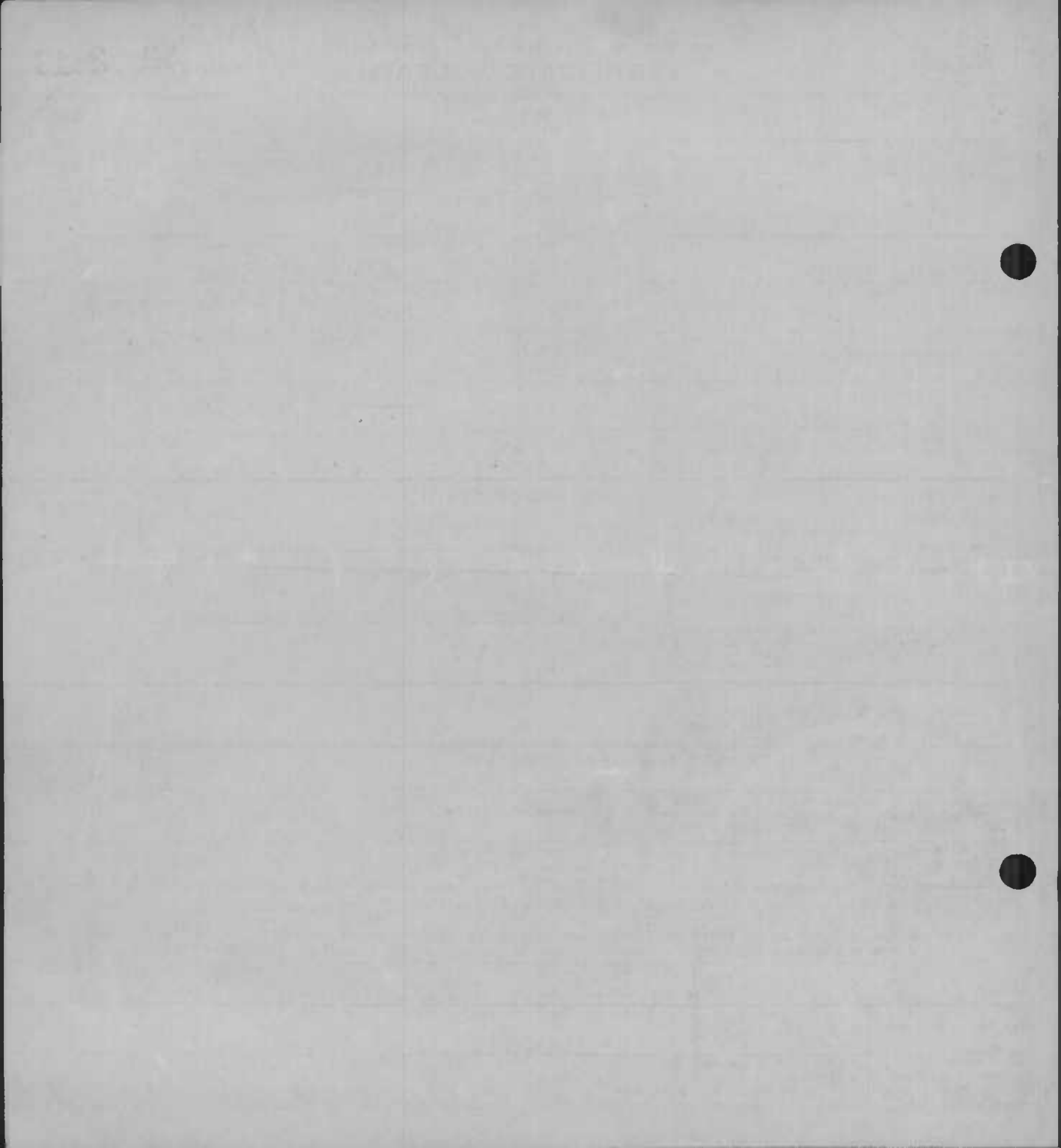
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2310 E. Eager Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 20, 1952 1:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell downstairs from 2nd to 1st floor	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED March 20, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-24-52	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Frank Coack Ron 9004. Cheater		



530
822814
REF-27709BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2814

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eliza Smith

2. DATE
OF
DEATH

March 20, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 10, 1873

9. AGE (In years last birthday)

79

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home.

13. FATHER'S NAME

John Washington

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Anna Bowser (Dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia with Pleurisy

DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease

Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1937, to 3-20, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE

J. S. Rosen

M. D.

23b. ADDRESS

4940 Eastern Avenue

23c. DATE SIGNED

3-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/25/52

24c. NAME OF CEMETERY OR CREMATORY

Union Mt Cemetery

24d. LOCATION (City, town, or county) (State)

Aberdeen, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

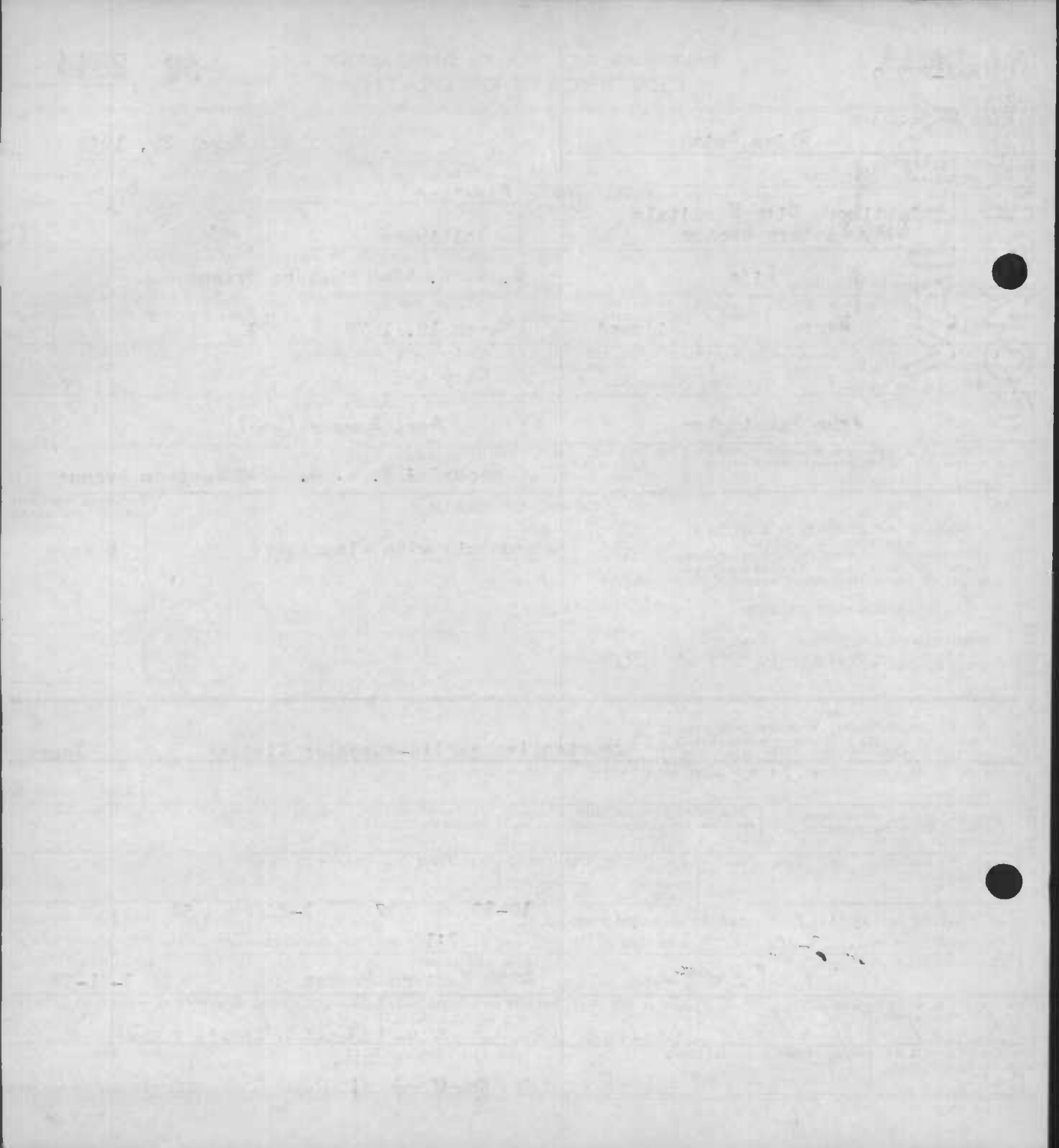
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Henry Herring & Sons



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2815

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

COLUMBUS W. RIDGE

2. DATE
OF

DEATH March 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3 W. Hill Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDDED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 27, '91

9. AGE (In years
last birthday)

60

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Ship Repair

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Ridge

14. MOTHER'S MAIDEN NAME

Ludwicka Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Columbus Ridge 3 W. Hill St.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3 W. Hill Street

21D. TIME (Month) (Day) (Year) (Hour)

March 15, 1952

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell down steps to sidewalk.

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

March 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 22 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

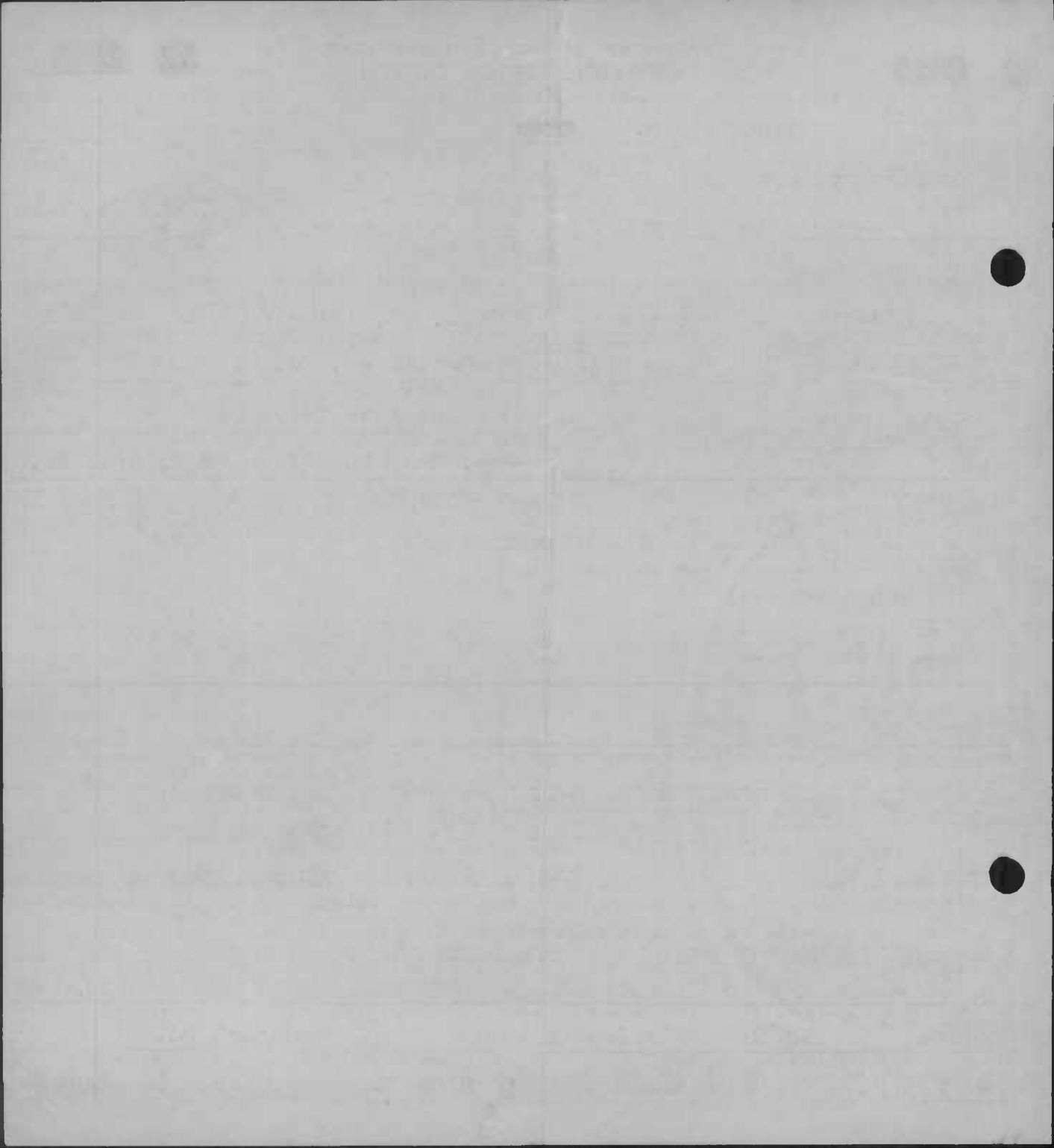
2 John F. Denny, Inc. 715 Light St.

VS 151

N805.0

5443U

MEDICAL CERTIFICATION



540
52 2816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2816
Registered No.

1. NAME OF DECEASED (Type or Print) RICHARD HENNELLY		2. DATE OF DEATH March 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 121 East Churchill St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 29	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 121 East Churchill St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Blacksmith	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John T. Hennelly		14. MOTHER'S MAIDEN NAME Elizabeth Kibwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. 220-09-0903	
17. INFORMANT Mrs. Laura Hennelly		ADDRESS 121 E. Church-	
13. 583.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis Hepatis (A) DUE TO		CAUSE OF DEATH 111 St. Cirrhosis Hepatis INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary edema (B) DUE TO		Asbestos (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 dys	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 2 , 19 51 , to March 20 , 19 52 , that I last saw the deceased alive on March 19 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE W. B. Whittle		23B. ADDRESS 1279 Guilham St.	
23C. DATE SIGNED 3/29/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/22/52	24C. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM.	24D. LOCATION (City, town, or county) (State) WOODLAWN, MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR John B. Denny, Inc.		ADDRESS 715 Light St.	

MEDICAL CERTIFICATION

97084

1941

1942

RECEIVED BY THE
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

1943

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1960

452
2817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2817

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AMELIA WILLIAMS		2. DATE OF DEATH MAR. 21 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5113 UNDERWOOD RD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-14	
D. STREET ADDRESS (If rural, give location) 5113 UNDERWOOD ROAD.		E. LENGTH OF STAY IN BALTIMORE 3 YRS Yrs. Mos. Days	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 48
9. AGE (In years last birthday) 48	10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10B. KIND OF BUSINESS OR INDUSTRY MAID	11. BIRTHPLACE (State or foreign country) CHARLESTON S.C.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME ?	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOIA NEWCOMER 5113 UNDERWOOD RD.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 42010 I Coronary Thrombosis	CAUSE OF DEATH Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 20 min
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic Heart Disease	DUE TO (A) (B) (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-14-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY 5-14-52	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-7-52 , 19 52 , to 5-21-52 , 19 52 , that I last saw the deceased alive on 5-14-52 , 19 52 , and that death occurred at 8:24 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE James R. Quinn	23B. ADDRESS 1707 Madison Ave	23C. DATE SIGNED 3-21-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAR 24 1952	24C. NAME OF CEMETERY OR CREMATORY CHARLESTON S.C.
24D. LOCATION (City, town, or county) (State) CHARLESTON S.C.	25. FUNERAL DIRECTOR Huntington Hall 2400 N. 1st St.	25. FUNERAL DIRECTOR ADDRESS 1800 C Lombard St.

MEDICAL CERTIFICATION

1207 MADISON ST

5123 26

RECEIVED
MAY 10 1964

1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2818**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES P. TATE

2. DATE
OF
DEATH

3-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

905 W. Lombard St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

905 W. Lombard St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Sept 27-1881

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAR TENDER

10B. KIND OF BUSINESS OR INDUSTRY

TAVERN

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

RACHAEL LITTLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

X16-01-9875

17. INFORMANT

CATHERINE BREWER 1109 VAN ANDERSEN ST EASTPORT MD

18. **443X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Arricular fibrillation

7 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension - Cardio-vascular disease

6 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8.15 1949** to **3.20 1952** that I last saw the deceased alive on **3.20 1952** and that death occurred at **6:30 P. M.** from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Clough M.D.

23B. ADDRESS

800 E. and Ave and

23C. DATE SIGNED

3.20.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-24-52

24C. NAME OF CEMETERY OR CREMATORY

Lawson Park

24D. LOCATION (City, town, or county)

Balt MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

218 H.C. Walkers

MAR 22 1952

VS 150

7506 Mary Frederick Ave

MEDICAL CERTIFICATION

1. The first part of the report is a general statement of the work done during the year. It is a summary of the work done by the various departments and branches of the Bureau, and is intended to give a general idea of the progress made during the year.

2. The second part of the report is a detailed statement of the work done by each of the departments and branches of the Bureau. It is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

3. The third part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

4. The fourth part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

5. The fifth part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

6. The sixth part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

7. The seventh part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

8. The eighth part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

9. The ninth part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

10. The tenth part of the report is a statement of the work done by each of the departments and branches of the Bureau, and is intended to give a more complete and accurate statement of the work done by each of the departments and branches of the Bureau.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 2819**BIRTH NO. **220**1. NAME OF DECEASED
(Type or Print)**GEORGE G. HUGHES**2. DATE
OF
DEATH**3/20/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **MARYLAND** COUNTY **BALTIMORE**B. FULL NAME OF
HOSPITAL OR
INSTITUTION**UNIVERSITY HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 21-06

C. Length of stay in Baltimore

? Life

D. STREET ADDRESS (If rural, give location)

1114 SARGENT ST

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Aug 25, 18969. AGE (In years
last birthday)**65**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Mechanist**10B. KIND OF BUSINESS OR
INDUSTRY**Barber**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Thomas AS Hughes

14. MOTHER'S MAIDEN NAME

Edith Ogle15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or but town) (If yes, give war or dates of service)**?**16. SOCIAL
SECURITY NO.**212-07-5189 MILDRED MEAGHER**

17. INFORMANT

117418. **422.1**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

ASCVD & bundle

DUE TO

**branch block
congestive failure**

(B)

Bronchiectasis

DUE TO

Emphysema

(C)

INTERVAL BETWEEN
ONSET AND DEATH**8 days****?****?**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**None**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/14**, 19**52**, to **3/20**, 19**52**, that I last saw the
deceased alive on **3/20**, 19**52**, and that death occurred at **5:30** p.m., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Borges

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

3/24/52

24C. NAME OF CEMETERY OR CREMATORY

MT OLIVET CEM

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAR 22 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. P. Towell 2427 Edmonson

ADDRESS

[Faint, mostly illegible handwritten text on lined paper, possibly a botanical or agricultural report.]



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2820
Registered No. 52 2820

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JEANETTE

LONDON

2. DATE
OF
DEATH

March 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1623 McCulloh Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Baby

8. DATE OF BIRTH

11/31/51

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. HUSBAND'S NAME

14. MOTHER'S MAIDEN NAME

Rachel Landon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1623

Martha Landon McCulloh

18. E 921.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1623 McCulloh Street

21D. TIME (Month) (Day) (Year) (Hour)

INJURY
March 17, 1952 6:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Wood

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/22/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

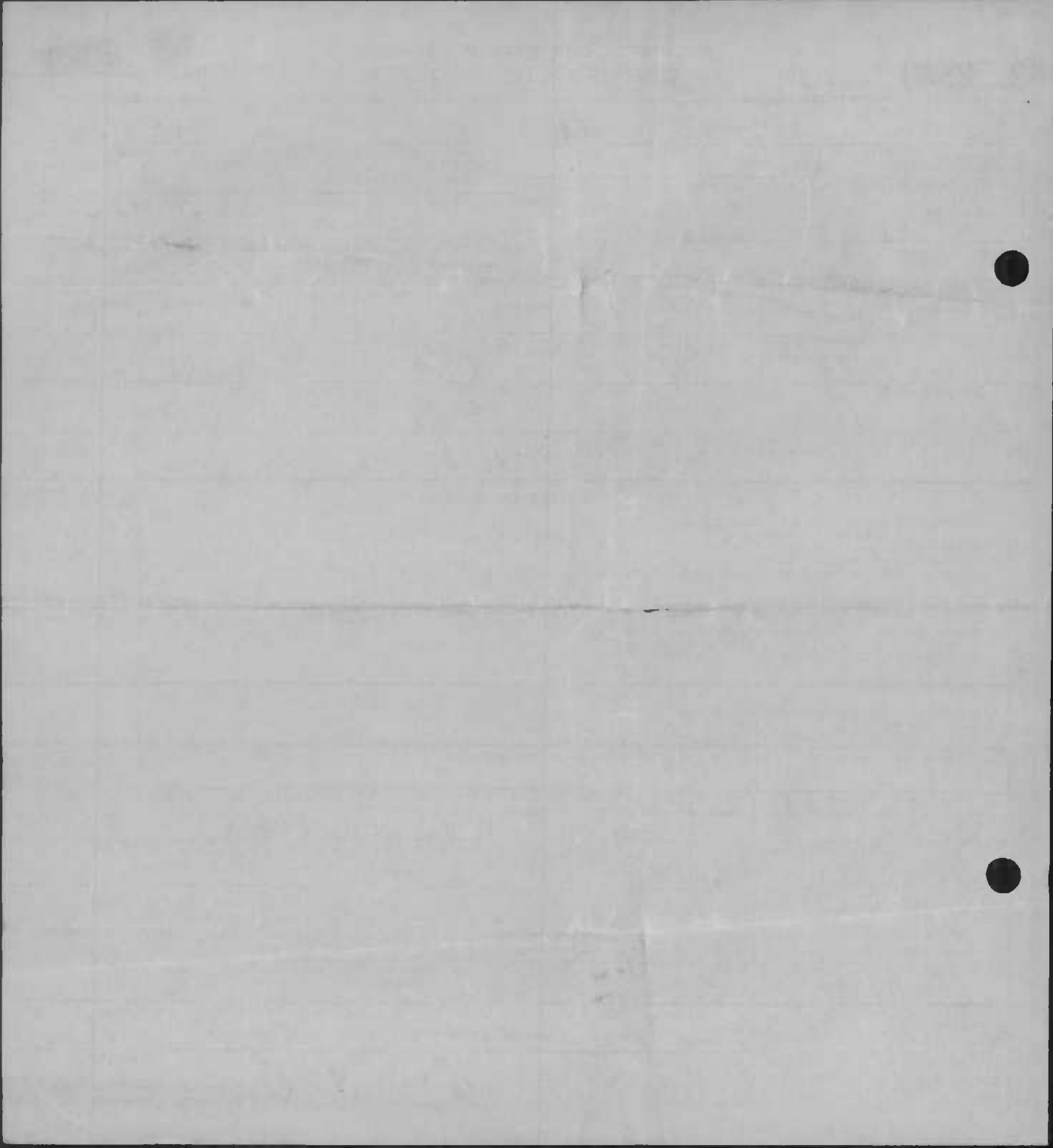
R. S. Stead 9/88/1952

ADDRESS

VS 151

N933.0

MEDICAL CERTIFICATION



342
52 2821BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2821

1. NAME OF DECEASED (Type or Print) PAUL ADELIZZI		2. DATE OF DEATH March 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto. 	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1127 Wedgewood Rd.		E. LENGTH OF STAY IN BALTIMORE 7 Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8/19/51
9. AGE (in years last birthday) 7		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Joseph Adelizzi		14. MOTHER'S MAIDEN NAME Estelle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT mother		ADDRESS same	
18. 057.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Waterhouse-Friderichson Syndrome		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. meningococcemia		14 hours	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/21 , 19 52 to 3/21 , 19 52 that I last saw the deceased alive on 3/21 , 19 52 , and that death occurred at 1:30Pm. , from the causes and on the date stated above.			
23A. SIGNATURE Martin K. Borte		23B. ADDRESS University Hospital	
23C. DATE SIGNED 3/21/52			
24A. BURIAL, CREMATION, REMOVAL, (Specify) Burial		24B. DATE 3-22-52	
24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Henry J. Taylor		ADDRESS 1127 Wedgewood Rd.	

CERTIFICATE OF DEATH

STATE OF NEW YORK

1900

1900



1. NAME OF DECEASED (Type or Print) BROWN, Carol Lee			2. DATE OF DEATH March 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore 		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital 			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore Rural 		
D. LENGTH OF STAY IN BALTIMORE 5 Yrs. Mos. 			D. STREET ADDRESS (If rural, give location) 4407 Alan Drive, Apt. E 		
5. SEX Female 	6. COLOR OR RACE white 	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single 	8. DATE OF BIRTH 9/6/1946 		9. AGE (In years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 		10B. KIND OF BUSINESS OR INDUSTRY - 	11. BIRTHPLACE (State or foreign country) Maryland 		12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME John M. Brown, Jr. 			14. MOTHER'S MAIDEN NAME Edith Smith 		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no 		16. SOCIAL SECURITY NO.	17. INFORMANT mother 		ADDRESS same

18. 204.0 I 		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Gastro-Intestinal Hemorrhage 1 day 		 6 mos.
ANTECEDENT CAUSES		(B) Acute lymphatic leukemia 		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) 		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION - 		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH - 		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY - 		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/3/1952 , 19 52 , to 3/30 , 19 52 , that I last saw the deceased alive on 3/30 , 19 52 , and that death occurred at 1:35 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Martin K. Coste 		M. D. University Hospital 		23C. DATE SIGNED 3/30/1952 	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 		24B. DATE 3-22-52 		24C. NAME OF CEMETERY OR CREMATORY Loudon Park 	
24D. LOCATION (City, town, or county) Baltimore 		24E. LOCATION (City, town, or county) Baltimore 		24F. LOCATION (City, town, or county) Ind. 	
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1952 		REGISTRAR'S SIGNATURE Huntington Williams, M.D. 		25. FUNERAL DIRECTOR George P. Farley 	
ADDRESS 201 E. Fayette St. 		ADDRESS 201 E. Fayette St. 		ADDRESS 201 E. Fayette St. 	

1900

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1900

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2823

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ELIZABETH OLIVER			2. DATE OF DEATH MARCH 21-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 607 S. NEWKIRK ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO. 26-07		
C. Length of stay in Baltimore 5 YRS. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 607 S NEWKIRK ST.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 24-1898		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) BLACKSBURG, VA.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME AMOS SHEAFF			14. MOTHER'S MAIDEN NAME DELIA ANGBRIGHT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS IRIS ADEY SAME AS ABOVE		

MEDICAL CERTIFICATION

18. 421.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Myocardial Stenosis DUE TO (B) Artero-sclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocardial Insufficiency	
	19A. DATE OF OPERATION None 19B. MAJOR FINDINGS OF OPERATION _____	

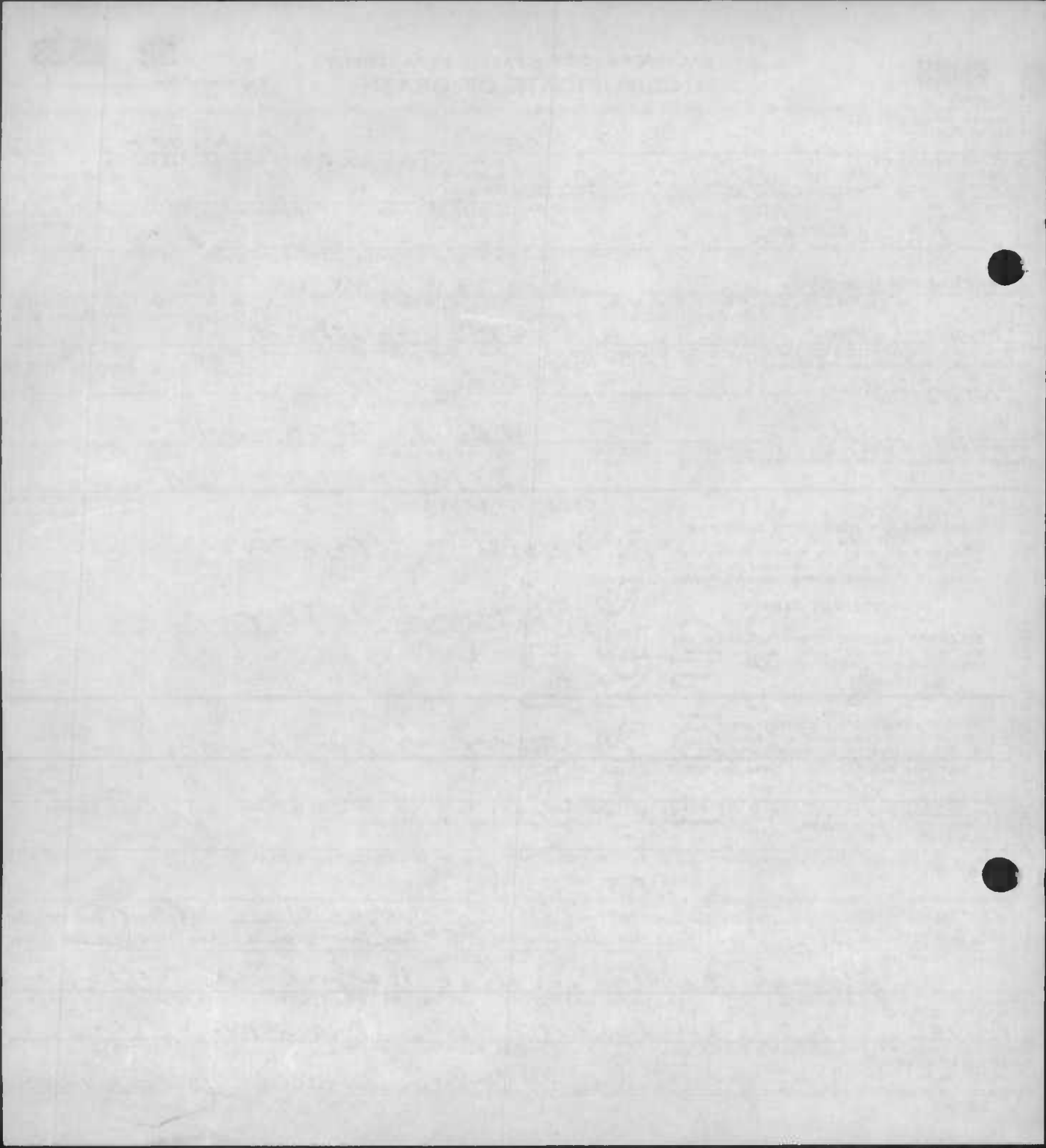
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **6-10**, 1947 to **3/21**, 1952, that I last saw the deceased alive on **3/21**, 1952 and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Daniel Miller	23B. ADDRESS 4510 Harford Rd	23C. DATE SIGNED 3/22/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24B. DATE 3/22/52	24C. NAME OF CEMETERY OR CREMATORY BLACKSBURG CEM.	24D. LOCATION (City, town, or county) (State) BLACKSBURG, VA.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS John J. Connelly 418 Eastern Ave. Balto. 21.
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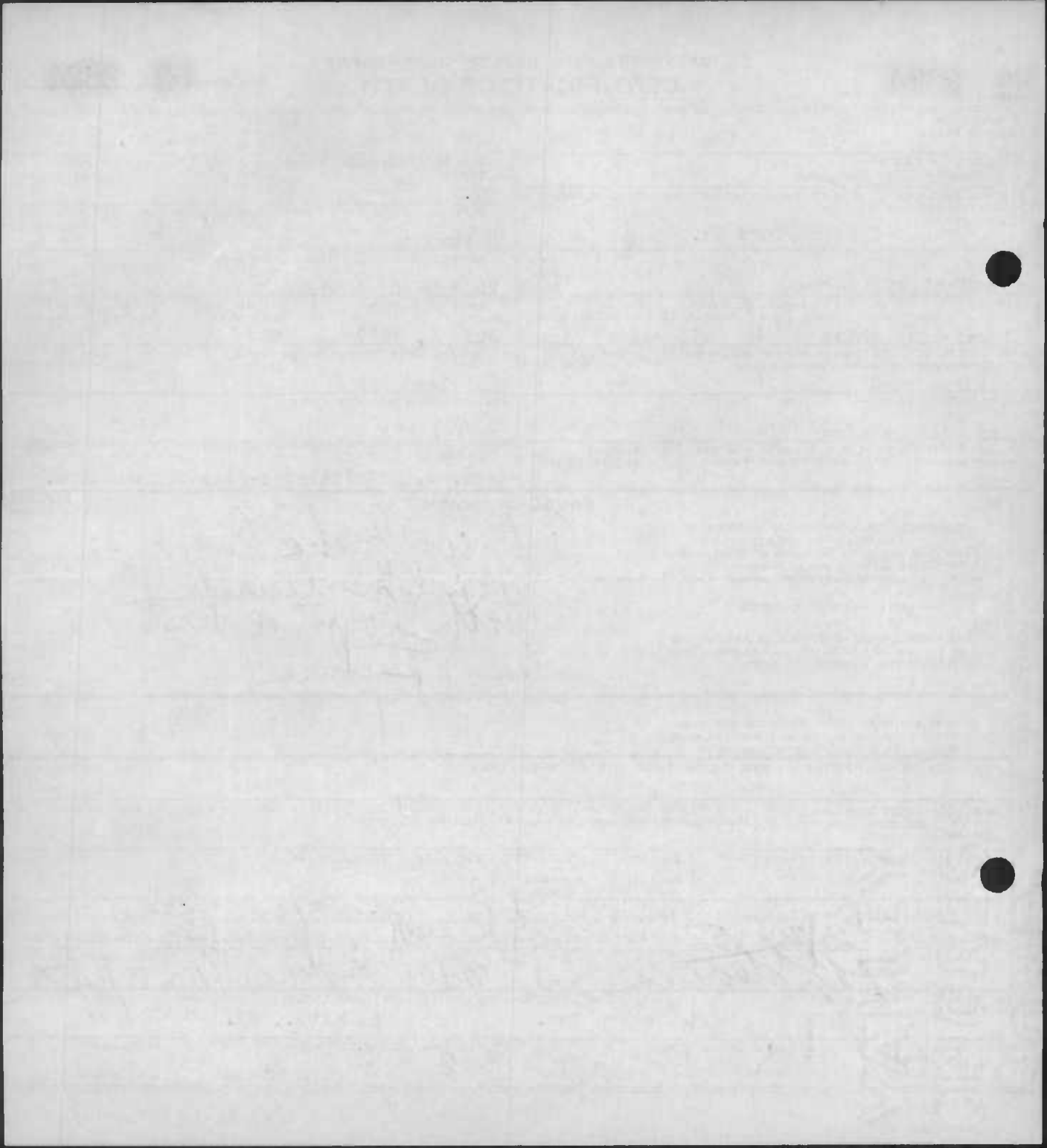
452
52 2824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 2824

1. NAME OF DECEASED (Type or Print)		IDA MAY WILLIAMS		2. DATE OF DEATH Mar. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2954 Harford Rd.		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 2954 Harford Rd.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 9, 1868	
9. AGE (in years, last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		11. BIRTHPLACE (State or foreign country) Maryland	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Pasquale DeFales		14. MOTHER'S MAIDEN NAME Emma Sykes		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -no	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. O. W. Littleton-3111 Tyndale Ave.			
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH A. DUE TO B. DUE TO C. DUE TO INTERVAL BETWEEN ONSET AND DEATH		D. DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1951, to 3/20, 1952, that I last saw the deceased alive on 3/20, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE J. B. Stevens		23B. ADDRESS 3400 Endicott Ave		23C. DATE SIGNED 3/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/22/52		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR J. J. Pickner & Sons Balto Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 2825**

432
52 2825
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Baltz			2. DATE OF DEATH Mar 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 15-11		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3716 W. Coldspring Lane		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH May 25, 1907		9. AGE (in years, last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Optical	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William F. Baltz			14. MOTHER'S MAIDEN NAME Mary Deitel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Raymond Baltz		

<p>18. 420.1</p> <p>I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p>CAUSE OF DEATH</p> <p>(A) Coronary Thrombosis</p> <p>DUE TO</p> <p>ANTECEDENT CAUSES</p> <p>(B) Hypertension</p> <p>DUE TO</p> <p>(C)</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>5 years</p> <p>2 years</p>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from Mar 20, 1952 to Mar 20, 1952 that I last saw the deceased alive on Mar 20, 1952 and that death occurred at 4 P.m., from the causes and on the date stated above.</p>					
23A. SIGNATURE Charles M. Spive		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED Mar 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		25. FUNERAL DIRECTOR Walter J. Scherer & Sons		ADDRESS Balto. 17 Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

2525 50

1000 1000 1000

1000 1000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 2826**

1. NAME OF DECEASED (Type or Print) CARL WILLIAM EUKER, SR.		2. DATE OF DEATH March 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 202 Clay Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Dec. 29, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optical Grinder		9. AGE (in years last birthday) 56	
10B. KIND OF BUSINESS OR INDUSTRY Optical		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles A. Euker	
14. MOTHER'S MAIDEN NAME Florence E. ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Carl W. Euker, Jr. 1824 Dameron Rd.	

CAUSE OF DEATH

18. 322.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute and chronic alcoholism DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Stanley K. Dunsen* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 21, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/22/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR **MAR 22 1952** REGISTRAR'S SIGNATURE *Huntington W. Williams, Jr.* FUNERAL DIRECTOR *Elmer J. Fickner & Sons* ADDRESS **Balto Md.**
 VS 151 **56364**

MEDICAL CERTIFICATION

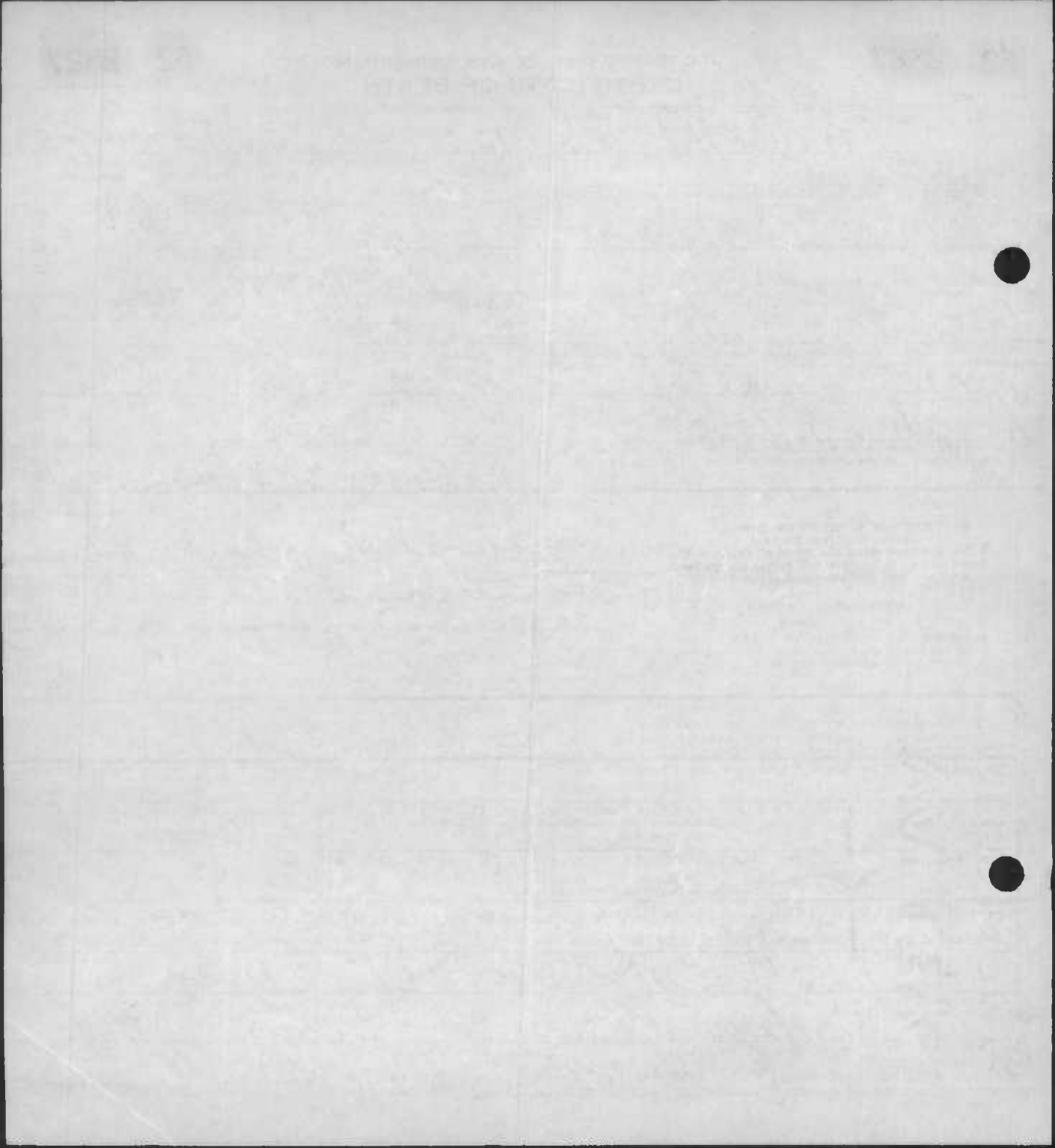
100 St

John J. F. ...
100 St

412
52 2827BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2827
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Russell P. Phillips</i>		2. DATE OF DEATH <i>March 20, 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>18-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>401 N. Schroeder St.</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
5. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>401 N. Schroeder St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 28, 1899</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hotel</i>	9. AGE (in years, last birthday) <i>53</i>
11. BIRTHPLACE (State or foreign country) <i>Kent Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Norah Phillips</i>		14. MOTHER'S MAIDEN NAME <i>Clara Carroll</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ada Brown</i>		ADDRESS <i>115 N. Pine St.</i>	
18. <i>443X</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>	
DUE TO		(B) <i>Hypertensive cardiovascular disease</i>	
ANTECEDENT CAUSES		(C) <i>unknown</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 2, 1950</i> , to <i>Mar 20, 1952</i> , that I last saw the deceased alive on <i>Jan 13, 1952</i> , and that death occurred at <i>2</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>A. Garland Shinnell</i>		23B. ADDRESS <i>1038 Edmondson Ave</i>	
23C. DATE SIGNED <i>3-22-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>March 23, 52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St George Cem</i>		24D. LOCATION (City, town, or county) <i>Horton Md.</i>	
25. FUNERAL DIRECTOR <i>Wm. H. Williams</i>		ADDRESS <i>322</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	



640
52 2828BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2828

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Earle</i>		2. DATE OF DEATH <i>Mar. 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Talbot</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Easton</i>	
D. STREET ADDRESS (If rural, give location) <i>113 Higgins St.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1-23-97</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>55</i>
11. FATHER'S NAME <i>Stephen Earle</i>		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <i>Rosetta Lee</i>	
15. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>203X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Multiple myeloma</i>	CAUSE OF DEATH <i>Multiple myeloma</i>	INTERVAL BETWEEN ONSET AND DEATH <i>27 mos</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *8/15* 19*51*, to *3/21*, 19*52* that I last saw the deceased alive on *3/21*, 19*52*, and that death occurred at *9 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>H. S. Langford</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3-21-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-26-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Easton</i>	24D. LOCATION (City, town, or county) (State) <i>Easton Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 22 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Sevins A. Henry Cambridge Md</i>
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STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE ATTORNEY GENERAL

400
2829BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2829

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MEDARDO

COLLA, SR.

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 30, 1874

9. AGE (In years
last birthday)

77 76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luiga Colla

14. MOTHER'S MAIDEN NAME

Desolina Cechi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edith Bagliani - 3503 Carsdale Ave.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Subdural hemorrhage

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
daughter's home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3503 Carsdale Avenue

15-10

21D. TIME (Month) (Day) (Year) (Hour)

March 19, 1952 8:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from bottom step to pavement

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

3-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Hoart Cem.

24D. LOCATION (City, town, or county)

Vineland, N. J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

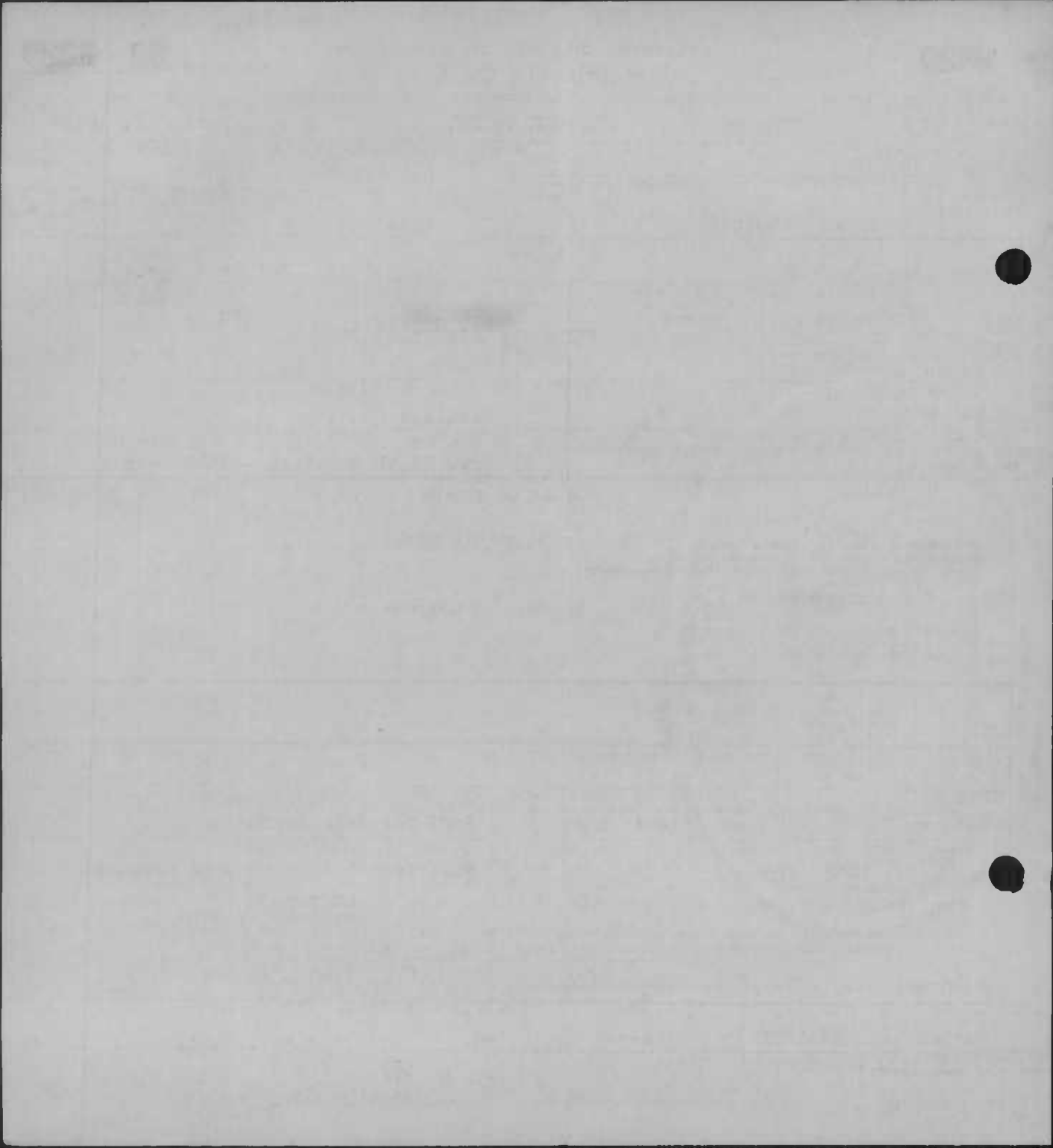
ADDRESS

MAR 22 1952
MAR 22 1952

Huntington

Wm. S. Dickner & Sons

Baltimore Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2830**

BIRTH NO. 52 2830

1. NAME OF DECEASED (Type or Print) *LORENA*
Lorena Marrell

2. DATE OF DEATH *Mar 21, 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Room 237*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Md.* B. COUNTY *Harwell*

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Westminster*

D. STREET ADDRESS (If rural, give location) *Carroll Orchard*

E. Length of stay in Baltimore Yrs. Mos. Days

5. SEX *Female* **6. COLOR OR RACE** *White* **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) *Divorced*

8. DATE OF BIRTH *10-24-83* **9. AGE** (In years last birthday) *68* **10. Under 1 Year** Months: Days **11. Under 24 Hours** Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **10B. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country) **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME *Samuel Leight* **14. MOTHER'S MAIDEN NAME** *Priscilla Osborne*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. 171X **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH** *5 yrs*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) *Carcinoma of cervix*

ANTECEDENT CAUSES (B) *Pelvic metastases*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **21B. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 3-19-1952 to 3-21-1952, that I last saw the deceased alive on 3-21-1952, and that death occurred at 4:34 p.m., from the causes and on the date stated above.

23A. SIGNATURE *Nie H. Chapman* **23B. ADDRESS** *JOHNS HOPKINS HOSPITAL* **23C. DATE SIGNED**

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24B. DATE** *March 24, 1952* **24C. NAME OF CEMETERY OR CREMATORY** *St. Pauls* **24D. LOCATION** (City, town, or county) (State) *Baltimore, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR *MAR 22 1952* **REGISTRAR'S SIGNATURE** *Huntington Williams, M.D.* **25. FUNERAL DIRECTOR** *Ernest J. Byers* **ADDRESS** *5005 Pk. 24th St.*

VS 150

MEDICAL CERTIFICATION

1971

1972

1973

1974



616
52 2831BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2831

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREEBURGER, Walter Scott

2. DATE
OF
DEATH

March 21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4803 Homer Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

3. 18. 52

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 18, 1952 to MAR 21, 1952, that I last saw the
deceased live on MAR 21, 1952 and that death occurred at 4:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

52 2832

Byrd
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 2832

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Byrd

2. DATE
OF
DEATH

3-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

Worcester

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Snow Hill

C. Length of stay in Baltimore

since 2-18-52

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1890

9. AGE (In years)

last birthday

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

executive

10B. KIND OF BUSINESS OR INDUSTRY

wholesale foods

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Byrd

14. MOTHER'S MAIDEN NAME

Rebecca Trader

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

not known

17. INFORMANT

the deceased

ADDRESS

CAUSE OF DEATH

18. 420.1 and 177X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary occlusion?

DUE TO

ANTECEDENT CAUSES

(B)

arteriosclerotic CVD

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

carcinoma prostate

INTERVAL BETWEEN ONSET AND DEATH

approx 1 hr

>

probably around 3 mos

19A. DATE OF OPERATION

3-10-52

19B. MAJOR FINDINGS OF OPERATION

carcinoma prostate - extension to seminal vesicles

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1952, to 3-22, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hankins

23B. ADDRESS

University Hosp, Balto., Md.

23C. DATE SIGNED

3-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

MAR 22-1952

METHODIST

SNOW HILL MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

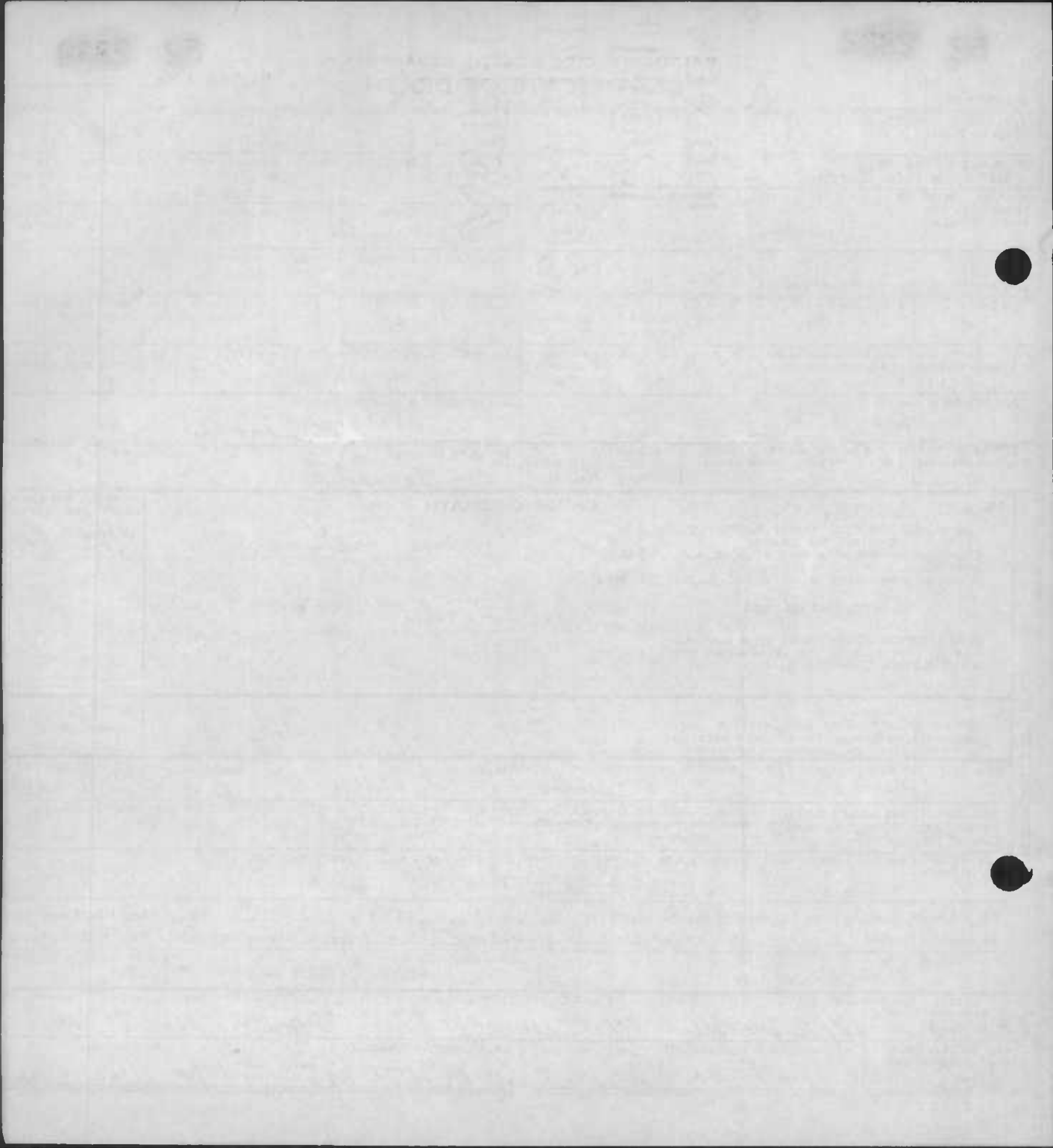
ADDRESS

MAR 23 1952

Huntington Williams

GLAY DERMIS

SNOW HILL MD



52 2833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2833

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MOSES <i>Michael Peter Roman</i>			2. DATE OF DEATH <i>March 21 1952</i>		
3. PLACE OF DEATH: a. <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Me.</i> b. COUNTY <i>7-03</i> c. CITY OR TOWN <i>Baltimore</i> d. STREET ADDRESS (If rural, give location) <i>2224 East Madison St.</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mayland General Hospital</i>			e. LENGTH OF STAY IN BALTIMORE <i>5 months</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11/4 1898</i>	9. AGE (in years last birthday) <i>53</i>	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Crane Operator</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Columbia Steel Co.</i>		
11. FATHER'S NAME <i>John Roman</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			14. SOCIAL SECURITY NO. <i>568-03-1778</i>		
15. MOTHER'S MAIDEN NAME <i>Sara Steer Farcas</i>			16. INFORMANT ADDRESS <i>John Roman, 716 Taylor Ave. Hubbard, Ohio</i>		

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis of liver</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3/22/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>March 21, 1952</i> to <i>March 21, 1952</i> , that I last saw the deceased alive on <i>March 21, 1952</i> and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.				

23A. SIGNATURE <i>Lee Jui Lin</i> M.O.		23B. ADDRESS <i>Ind. General Hospital</i>		23C. DATE SIGNED <i>Mar. 21 52</i>
24A. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Maple Grove Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Hubbard, Ohio</i>

DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i> 2601-3-5 E. Madison St.	ADDRESS
--	---	--	---------

12-1-10

52 2834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2834

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM AMORKY

2. DATE
OF
DEATH

MARCH 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

2-02

C. Length of stay in Baltimore 50 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1816 E. Pratt Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 20, 1890

9. AGE (In years
last birthday)

61

10 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Michael Amorky

14. MOTHER'S MAIDEN NAME

Gitel Sommer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dora Amorky- 1816 E. Pratt Street

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Artery Thrombosis

DUE TO

2 DAYS

(C) Coronary Artery Atherosclerosis

Indefinite

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1952, to March 21, 1952, that I last saw the
deceased alive on March 21, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/23/52

24C. NAME OF CEMETERY OR CREMATORY

Ohr Knesseth Israe-Anshe

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR
26. ADDRESS
27. ADDRESS
28. ADDRESS
29. ADDRESS
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99. ADDRESS
100. ADDRESS

VS 150

2906A

North Avenue

52 2835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2835

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. ANGELIA RICHARDSON

2. DATE
OF
DEATH

3/22/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY Hosp.

c. Length of stay in Baltimore

33 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 19, 1885

9. AGE (in years,
last birthday)

66 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

Housewife

at home

13. FATHER'S NAME

George South

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Mr. Earle S. Richardson, 1512 Pentridge Rd.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Failure

DUE TO

(B)

Essential Imbalance

DUE TO

(C)

Internal Obstruction

INTERVAL BETWEEN
ONSET AND DEATH

36 hrs.

1 wk

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1952, to 3/22, 1952, that I last saw the
deceased alive on 3/22/52, 1952, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

David Baker / Delinger

M. D.

Mercy Hosp.

3/22/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

March 25, 1952

Druid Ridge Cemetery

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1952

Huntington Williams, M.D.

4510 Liberty
Heights Ave.

RECEIVED MAY 2 1964

TO: DIRECTOR, FBI (100-388610) FROM: SAC, NEW YORK (100-100000) (P)

SUBJECT: JAMES EARL RAY, AKA; ALLEGED ATTEMPT TO OBTAIN PASSPORT FOR TRAVEL TO AFRICA

RE: NEW YORK TELETYPE TO BUREAU, MAY 1, 1964.

ADVISE THAT THE NEW YORK OFFICE HAS BEEN ADVISED THAT THE

SUBJECT HAS BEEN ADVISED THAT THE NEW YORK OFFICE HAS BEEN ADVISED THAT

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BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF VITAL RECORDS

REQUEST FOR CORRECTION OF PERSONAL PARTICULARS ON CERTIFICATE OF DEATH

INSTRUCTIONS

1. This form will be accepted only from licensed funeral directors.
2. This form is to be used in those cases where the funeral director finds that certain additions or corrections should be made on the original death certificate completed either by the Medical Examiner, private physician or hospital.
3. The funeral director **MUST** complete Items 1, 2, 3 and 17 of this form, in every case.
4. Place an "X" to the left of the item which should be added or corrected on the original certificate of death and write the correct information in the space provided therefor.
5. This form will **NOT** be accepted unless it is accompanied by the original certificate of death at the time of filing, or, unless it is submitted to the Bureau of Vital Records within thirty (30) days from the date of filing of the original certificate of death.
6. This form must be completed in duplicate in all Medical Examiner cases. The duplicate copy will be sent to the Chief Medical Examiner's office for the completion of his records.

Registered No. _____

x	1. NAME OF DECEASED (TYPE OR PRINT) Angela L. Richardson	2. DATE OF DEATH March 22, 1952
	3. PLACE OF DEATH: A. BALTIMORE CITY, MARYLAND B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital	4. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION RESIDENCE BEFORE) A. STATE _____ B. COUNTY _____ C. CITY OR TOWN _____ (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND CITY TOWNSHIP) D. STREET ADDRESS (IF RURAL, GIVE LOCATION) _____
	6. COLOR OR RACE _____ 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) _____ 10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) _____ 10B. KIND OF BUSINESS OR INDUSTRY _____ 13. FATHER'S NAME _____ 15. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) _____	8. DATE OF BIRTH _____ 9. AGE (IN YEARS LAST BIRTHDAY) _____ IF UNDER 1 YEAR MONTHS _____ DAYS _____ IF UNDER 24 HOURS HOURS _____ MIN. _____ 11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) _____ 12. CITIZEN OF WHAT COUNTRY? _____ 14. MOTHER'S MAIDEN NAME _____ 16. SOCIAL SECURITY NO. _____

17. Name of Informant Mr. Earle S. Richardson	Relationship Son	Address 1512 Pentridge Road
---	----------------------------	---------------------------------------

CERTIFICATION BY FUNERAL DIRECTOR

Date March 22 19 52

I hereby certify that the information listed above was furnished me by the above-named informant and is correct to my best knowledge and belief and that the items indicated by an "X" mark should be added or corrected on the original certificate of death filed with the Bureau of Vital Records, to conform with the information appearing hereon.

Signature _____

(Licensed Funeral Director)

Address 4510 Liberty Heights Ave.

THE BUREAU OF VITAL RECORDS RESERVES THE RIGHT TO REQUIRE DOCUMENTARY EVIDENCE IF THE NATURE OF THE CORRECTION WARRANTS IT.

52 2836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2836

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Emma Estelle Hobday			2. DATE OF DEATH March 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1330 W. 41st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 13-08		
c. Length of stay in Baltimore 60 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1330 W. 41st Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6, 1882		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Louis H. Ambrose			14. MOTHER'S MAIDEN NAME Mary E. Schwartz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Allen B. Hobday 1330 W. 41st Street		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 5 Min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-Renal-Vascular Disease DUE TO		10 Yrs.
(C)		

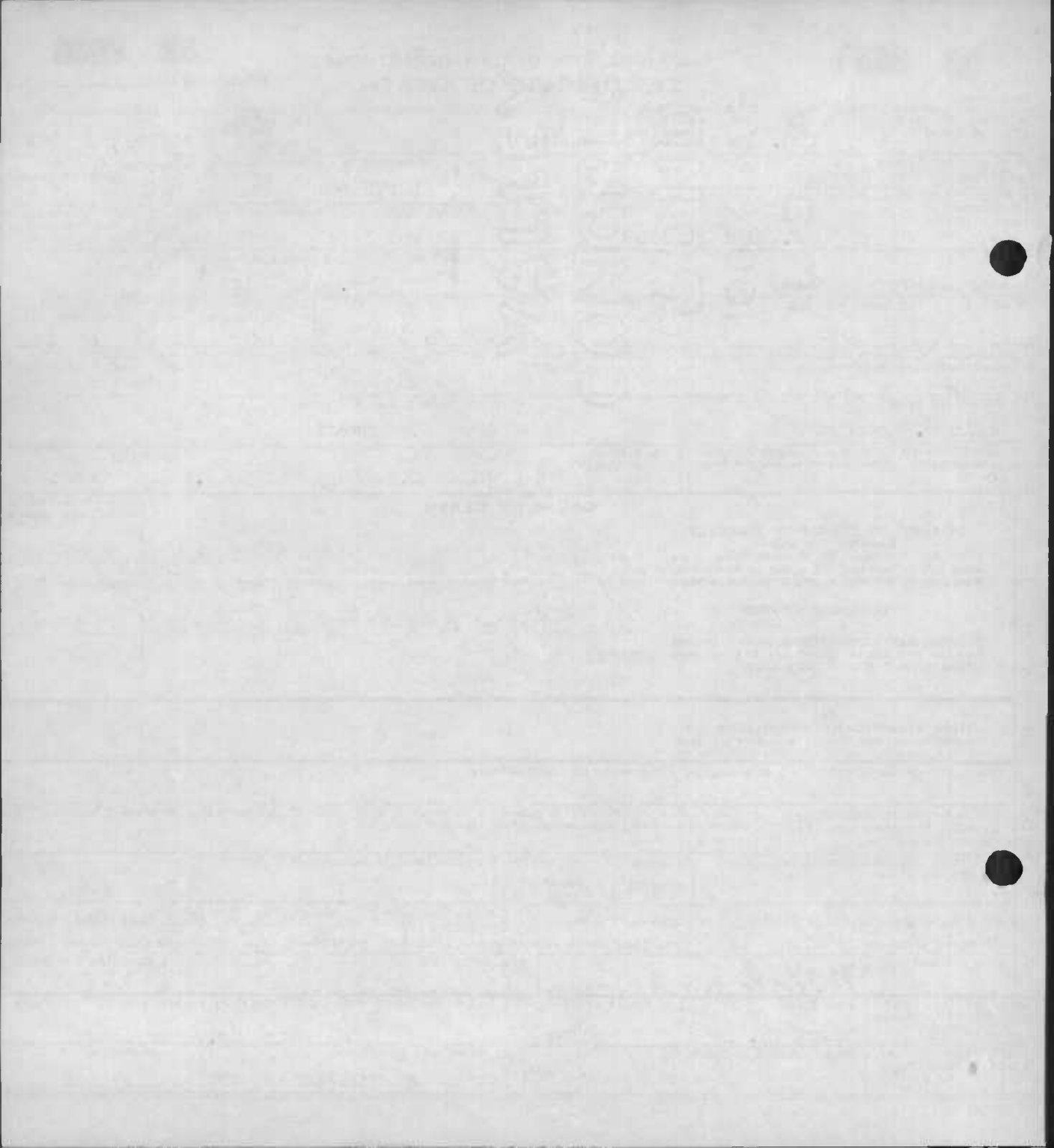
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 19, 1951** to **March 21, 1952**, that I last saw the deceased alive on **March 21, 1952** and that death occurred at **2 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE JN Wilson	23B. ADDRESS 617 W. 40th St.	23C. DATE SIGNED 3/22/52
------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 25, 1952	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR 25/1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Burgess Funeral Home 3631 Falls Road	



52 2837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2837

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Wesley Hahn

2. DATE
OF
DEATH

March 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

606 W. 36th Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 W. 36th Street

c. Length of stay in Baltimore

17 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

April 16, 1861

9. AGE (In years
last birthday)

90

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Retired 20 years

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Michael Hahn

14. MOTHER'S MAIDEN NAME

Sarah -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Grace Hahn 1511 Bolton Street

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1952 to April 5, 1952 that I last saw the
deceased alive on March 20, 1952 and that death occurred at 9:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet

24D. LOCATION (City, town, or county)

Hanover, Pennsylvania

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1952

Huntington Williams, M.D.

Burgess Funeral Home

3631 Falls Road

2 Route P. Burgess

VS 150

MEDICAL CERTIFICATION

Mr. Geo. D. Symmeson
2858 Harvard Road
Be 3387

520
52 2838BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2838
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LENA HENKA			2. DATE OF DEATH 3/21/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Nelchor Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-03		
C. Length of stay in Baltimore Balto Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3208 Chestnut field ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 16-1884	9. AGE (In years last birthday) 68 yrs.	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			11. BIRTHPLACE (State or foreign country) Balto Md		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Gustav Siegel		
14. MOTHER'S MAIDEN NAME Mrs Not Known			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 217-22-6763			17. INFORMANT Mrs Charles Belzner ADDRESS 3208 Chestnut field		

CAUSE OF DEATH

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH Sev hrs
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-Vascular Disease	?
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rt-sided hemiplegia	?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1950** to **1952**, that I last saw the deceased alive on **7 February, 1952**, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

22A. SIGNATURE Stanley R. Steinboch M. O.	22B. ADDRESS 3334 Dolfeld Ave. #5	22C. DATE SIGNED 3/21/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-24-52	24C. NAME OF CEMETERY OR CREMATORY Balto Cem	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jos J. Hen & Son	ADDRESS 300 Kentucky Ave

VS 150

* Dr. Vimmelfarb - regular physician - associate of Dr. Steinboch

3508

52

2839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2839

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brenda Hall

2. DATE
OF
DEATH

3-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Hal. 3

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Sh. Stephen Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. E916.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-1952, to 3-21-1952, that I last saw the
deceased alive on 3-21-1952 and that death occurred at 11:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

N 949.2

2 8 3 0

MEDICAL CERTIFICATION

9/13
see

64 Med. Ex Case 50w 21W + 52 2840
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 2840
BIRTH NO. 52 2840

1. NAME OF DECEASED (Type or Print) <i>Jerry Sperlin</i>		2. DATE OF DEATH <i>Mar 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>G. A. Co.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Reveries</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5200</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>10-19-51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Severna Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>M. C. Sperlin</i>		14. MOTHER'S MAIDEN NAME <i>Bessie</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Johns Hopkins Hospital</i>		ADDRESS	

18. *754.6* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Transposition of Great Vessels
(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

CERTIFICATION APPROVED BY *as Not a Medical Examiner*

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/22/52*, 19*52*, to *3/22/52*, 19*52*, that I last saw the deceased alive on *3/22/52*, 19*52*, and that death occurred at *1000* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert E. Appleby</i> M.D.	23B. ADDRESS <i>Johns Hopkins Hospital</i>	23C. DATE SIGNED <i>Mar 22, 52</i>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Willow Grove, place of Burial</i>	24D. LOCATION (City, town, or county) (State)
---	-----------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. B. Lighten</i>	ADDRESS <i>Johns Hopkins</i>
---	--	---	------------------------------

1000 50

1000 50

1000 50

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1000 50

540

52 2841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2841

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas F. Hummel

2. DATE

OF

DEATH

3-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore-16

15-03

D. STREET ADDRESS (If rural, give location)

1606 N. Smallwood St.

c. Length of stay in Baltimore

46 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1906

9. AGE (In years

last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR

INDUSTRY

Contracting SELF

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William A. Hummel

14. MOTHER'S MAIDEN NAME

Anna L. Tuohy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-07-1524

17. INFORMANT

patient

ADDRESS

same

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Lung

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

12 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

3-20-52

19b. MAJOR FINDINGS OF OPERATION

Carcinoma Left lung (inoperable)

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1952, to 3-20, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE

K. K. Skipton

23b. ADDRESS

University Hospital

23c. DATE SIGNED

3-20-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3-24-52

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral

24d. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.

25. FUNERAL DIRECTOR

B. M. Walters

ADDRESS

51524

VS 150

51524

MEDICAL CERTIFICATION

EX-1182-2000
1182-2000

52 2842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2842
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. HARRY FRANK

2. DATE
OF
DEATH

3-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

MARYLAND

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

Españade Apts. - Catonsville

c. Length of stay in Baltimore

75 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Aug. 27 1876

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days: Hours: Min.

6 24

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MOSES FRANK

14. MOTHER'S MAIDEN NAME

ISABELLA COHEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Edwin Meyer, Espanade Apts.

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ruptured Aorta

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 15, 1952, to MAR. 21, 1952, that I last saw the
deceased alive on MAR. 21, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTION

ADDRESS

MAR 23 1952

VS 150

Huntington Hill, Baltimore, Md.

25. FUNERAL DIRECTION

ADDRESS

Balto, Md.



52 2843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2843

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. M. Henrietta, WENTZ SSND.

2. DATE
OF
DEATH

3/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mary Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

10-02

D. STREET ADDRESS (If rural, give location)

901 Aisquith St.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

23 Aug. 1881

9. AGE (In years, last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BOOK

10B. KIND OF BUSINESS OR INDUSTRY

RELIGIOUS.

11. BIRTHPLACE (State or foreign country)

CONNECTICUT

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

August Wentz

14. MOTHER'S MAIDEN NAME

Augusta Kotz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

SR. M. REBECCA 901 AISQUITH ST.

18. 757.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Polycystic Kidney

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 week

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Villa Maria Cemetery

24D. LOCATION (City, town, or county) (State)

Notch Cliff nr Towson, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1952

Huntington Williams

Charles S. Giler

901 S. Conkling St.

VS 150

0788W

MEDICAL CERTIFICATION

1945

RECEIVED

1945

1945

1945

1945

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1945

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1945

1945

1945

1945

1945

1945

340
52 2844BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2844
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ARTHUR S. LITTLE

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2714 Miles Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/26/1890

9. AGE (in years
last birthday)

61

If Under 1 Year
Months Days

2 26

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laundry Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Little

14. MOTHER'S MAIDEN NAME

Sarah Sunderland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

202-01-1923

17. INFORMANT

ADDRESS

Laura Little 2714 Miles Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley E. Dureash

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR

23C. DATE SIGNED

3-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/25/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey Md.

(State)

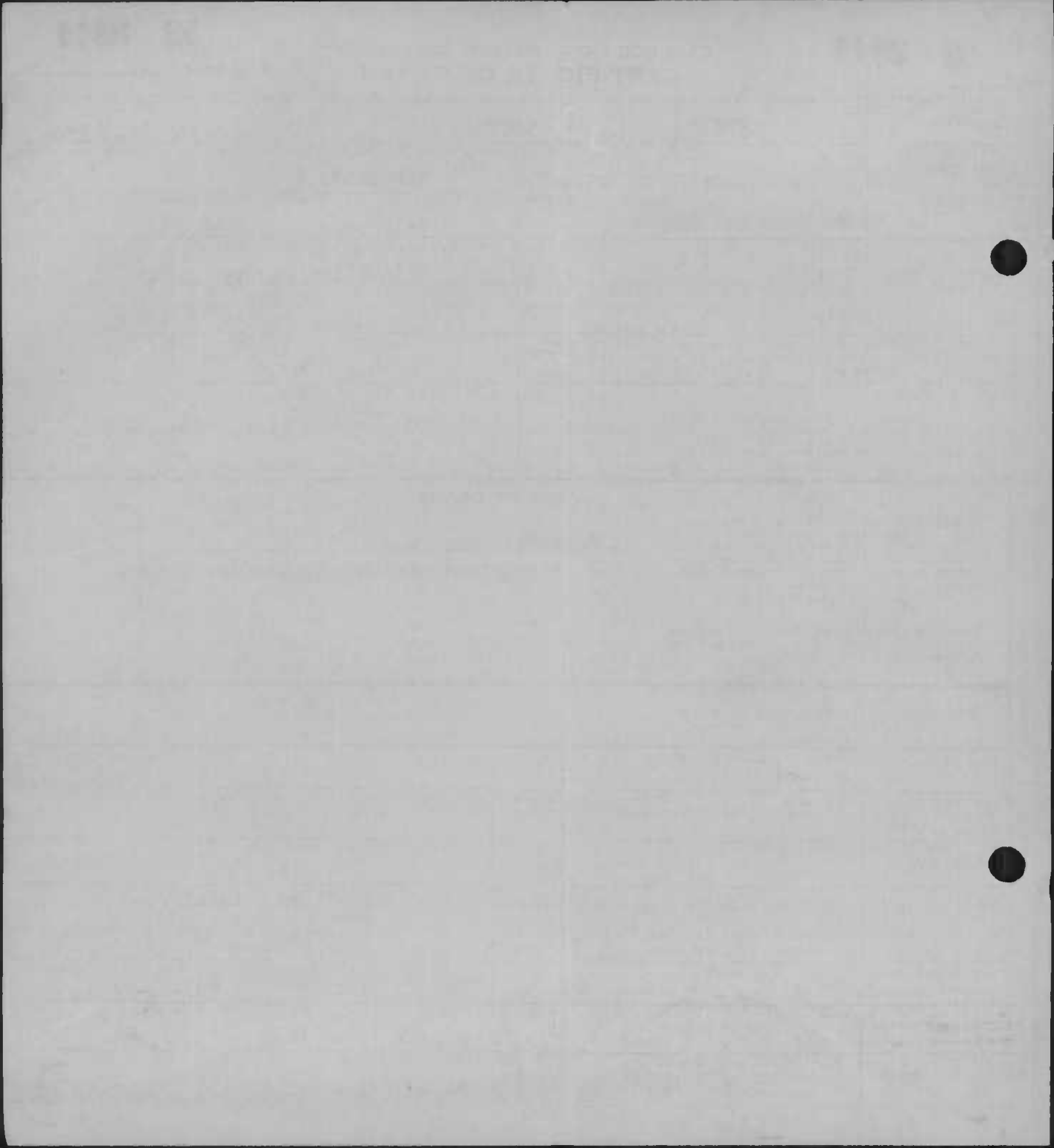
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 1217 St. Paul St.

25. FUNERAL DIRECTOR

ADDRESS



514
52 2845
BIRTH NOBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 2845

1. NAME OF DECEASED (Type or Print) JACOB C. SEMPLE		2. DATE OF DEATH March 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE New Jersey B. COUNTY V-22	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plainfield	
D. STREET ADDRESS (If rural, give location) 266 Seaman St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 16, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10B. KIND OF BUSINESS OR INDUSTRY Pennsylvania Railroad	9. AGE (in years last birthday) 68
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Semple		14. MOTHER'S MAIDEN NAME Ellen Tippy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Memorial Funeral Home - Plainfield, N.J.		ADDRESS	

CAUSE OF DEATH

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Hypertensive and Arteriosclerotic Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE Ranley H. Dureacher	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED March 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 3-23-52	24C. NAME OF CEMETERY OR CREMATORY St. Peter's	24D. LOCATION (City, town, or county) (State) Plainfield, New Jersey
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR St. Paul St.	ADDRESS 1217 St. Paul St.

1952

1952

1952

251
52 2846BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2846
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. RUTH WISENBERGER			2. DATE OF DEATH 3-21-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Anne Arundel		
b. FULL NAME OF (If not in hospital or institution, give street address or location) ST. Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Smallwood Rd		
c. Length of stay in Baltimore 12 days.			d. STREET ADDRESS (If rural, give location) Pasadena, Ind. 5200		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-8-1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Seets			14. MOTHER'S MAIDEN NAME Hannah Sterns		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT HERMAN WISENBERGER		
18. 477.1 I		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **overwhelming Venemia & cardiac failure**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Bilateral chronic, but not + cerebral sclerosis & arterioscl. cardiovascular disease**
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-9**, 19**54** to **3-21**, 19**52**, that I last saw the deceased alive on **3-21**, 19**52** and that death occurred at **12:50 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Harry L. King	23B. ADDRESS St. Agnes Hosp	23C. DATE SIGNED 3-21-52
--	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-24-52	24C. NAME OF CEMETERY OR CREMATORY London PARK	24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. L. Schwab
		ADDRESS 2101 Frederick Ave.	

918 28

WATER

2128

WATER
CONCRETE



656
52 2847BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2847
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William James Creamer</i>			2. DATE OF DEATH <i>Mar. 22 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-06</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2805 Hemlock Avenue</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 19-1895</i>		9. AGE (In years last birthday) <i>56</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supervisor P.O.</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Robert J. Creamer</i>			14. MOTHER'S MAIDEN NAME <i>Mary A. Lepersack</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Helen M. Creamer - same</i>	

18. <i>4200 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute coronary insufficiency</i> DUE TO <i>Arteriosclerotic heart disease</i> DUE TO <i>2 yrs +</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3/22/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/22</i> , 1952, to <i>3/22</i> , 1952; that I last saw the deceased alive on <i>3/22</i> , 1952, and that death occurred at <i>10 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Edward Leach</i>		23B. ADDRESS <i>14 E. Eager St.</i>		23C. DATE SIGNED <i>3/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bald National Bald Md</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. STATE <i>Md</i>		24F. LOCAL REGISTRAR <i>Huntington Williams</i>	
24G. REGISTRAR'S SIGNATURE		24H. FUNERAL DIRECTOR <i>5305 Harford Rd</i>		24I. ADDRESS <i>39090</i>	

MAR 24 1952
VS 150

178

178



52 2848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2848

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Raymond August Pfliegner*2. DATE
OF
DEATH*3-22-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial

C. CITY OR TOWN

Baltimore 27-34

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5429 Pembroke Ave.

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W*

8. DATE OF BIRTH

*April 26, 1883*9. AGE (In years,
last birthday)*68*

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Electrician & Foreman*10B. KIND OF BUSINESS OR
INDUSTRY*Lineman, Electrician*

11. BIRTHPLACE (State or foreign country)

*New Jersey*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

August Pfliegner

14. MOTHER'S MAIDEN NAME

*Samuel Hauer*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*Unknown*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Margaret Ann 4209 Wilshire Ave.*18. *420.0 I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) *Pulmonary embolus**seconds*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Sclerosis**25 yrs*(C) *Emphysema**25 yrs*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Cor Pulmonale,
arteriosclerotic heart disease**2 yrs*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21. WHILE AT
WORK ☐21. NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *3-21-52*, 19 *52*, to *3-22-52*, 19 *52*, that I last saw the
deceased alive on *3-22-52*, 19 *52*, and that death occurred at *2:15* pm., from the causes and on the date stated above.

23A. SIGNATURE

Waverly S. Green, Jr.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

*3-22-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

540 SE

MEDICAL CERTIFICATION

8104 87

WATER RESOURCES DIVISION

1982

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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WATER RESOURCES DIVISION

455
52 2849BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2849
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD Ludwig Tuellmann

2. DATE
OF
DEATH

Mar. 21-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

3111 Pinewood Ave

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

a. STATE

b. COUNTY

before admission

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

3111 Pinewood Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 8-1879

9. AGE (In years,
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Saw Cutter

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick L. Tuellmann

14. MOTHER'S MAIDEN NAME

Pharma?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-01-0604

17. INFORMANT

Mrs Matilda Tuellmann

ADDRESS same

18. 416 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic heart dis.

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1952 to Mar. 21, 1952, that I last saw the
deceased alive on Mar. 20, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

H. E. Galt

M. O.

23b. ADDRESS

8100 Harford Rd

23c. DATE SIGNED

3/21/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3/24/52

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24d. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

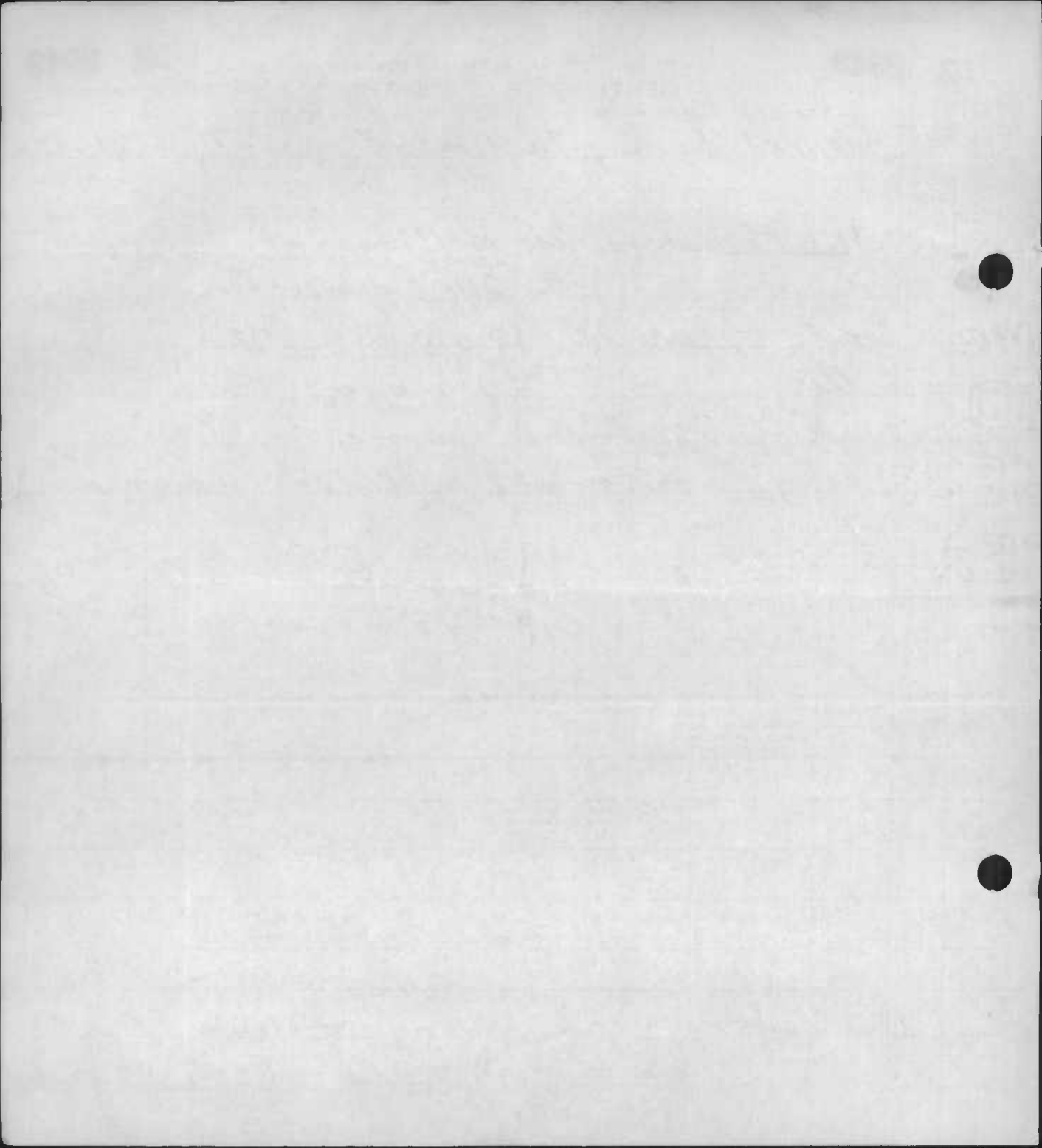
H. E. Galt

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Harford



240

BIRTH NO. 52 2850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2850

1. NAME OF DECEASED (Type or Print) <i>Mary H. Vogl</i>		2. DATE OF DEATH <i>Mar. 22-1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>2400 Hamilton Ave</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 27-06</i>	
c. Length of stay in Baltimore Yrs. <i>2400</i> Mos. <i>Hamilton Ave</i> Days <i>2400</i>		d. STREET ADDRESS (If rural, give location) <i>2400 Hamilton Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>June 29-1868</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>83</i>
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Daeger</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Conrad Vogl-2400 Hamilton</i>		ADDRESS	
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Occlusion</i> DUE TO (B) <i>chronic myocarditis</i> DUE TO (C) <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>immediately</i> <i>3 years</i> <i>5 years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15 th 1948, to March 22 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 11 ⁴⁵ A. M., from the causes and on the date stated above.			
23a. SIGNATURE <i>A. J. Cordy M.D.</i>		23b. ADDRESS <i>5706 Harford Rd</i>	
23c. DATE SIGNED <i>3-22-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/26/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>		24d. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>L. J. Luck</i>		ADDRESS <i>5305 Harford Rd</i>	

MEDICAL CERTIFICATION



Dr. Gordon

535

52 2851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2851

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALTER SONDHEIM		2. DATE OF DEATH 3/22/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO CITY		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1621 BOLTON ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD 14-01			
C. Length of stay in Baltimore 75 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1621 BOLTON ST			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH MAY 31, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days 9 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANGER		10B. KIND OF BUSINESS OR INDUSTRY HOSCHILD FARM		11. BIRTHPLACE (State or foreign country) BALTO MD	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME SAMUEL SONDHEIM		14. MOTHER'S MAIDEN NAME BERTHA UPPERHEIMER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS WALTER SONDHEIM & P 4006	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Corbo-vascular accident DUE TO Arteriosclerosis and Hypertensive cardiovascular disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, none OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Corbo-vascular accident Arteriosclerosis and Hypertensive cardiovascular disease none		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 15 years 15 years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October , 1951, to March 22 , 1952, that I last saw the deceased alive on March 11 , 1952, and that death occurred at 6:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Abraham Genevin		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED 23 March 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24B. DATE 3/24/52		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
24D. LOCATION (City, town, or county) (State) place		25. FUNERAL DIRECTOR Huntington Williams, Inc.		25. FUNERAL DIRECTOR ADDRESS 1902 Eastern	

VS 150

2906C

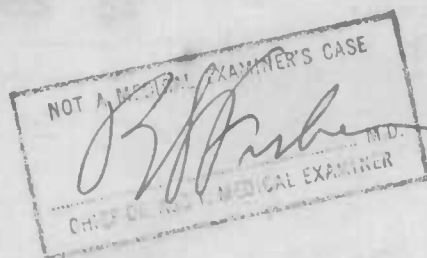
MEDICAL CERTIFICATION

1900

CERTIFICATE OF DEATH

1900

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2853
Registered No.

52 2853
BIRTH NO.

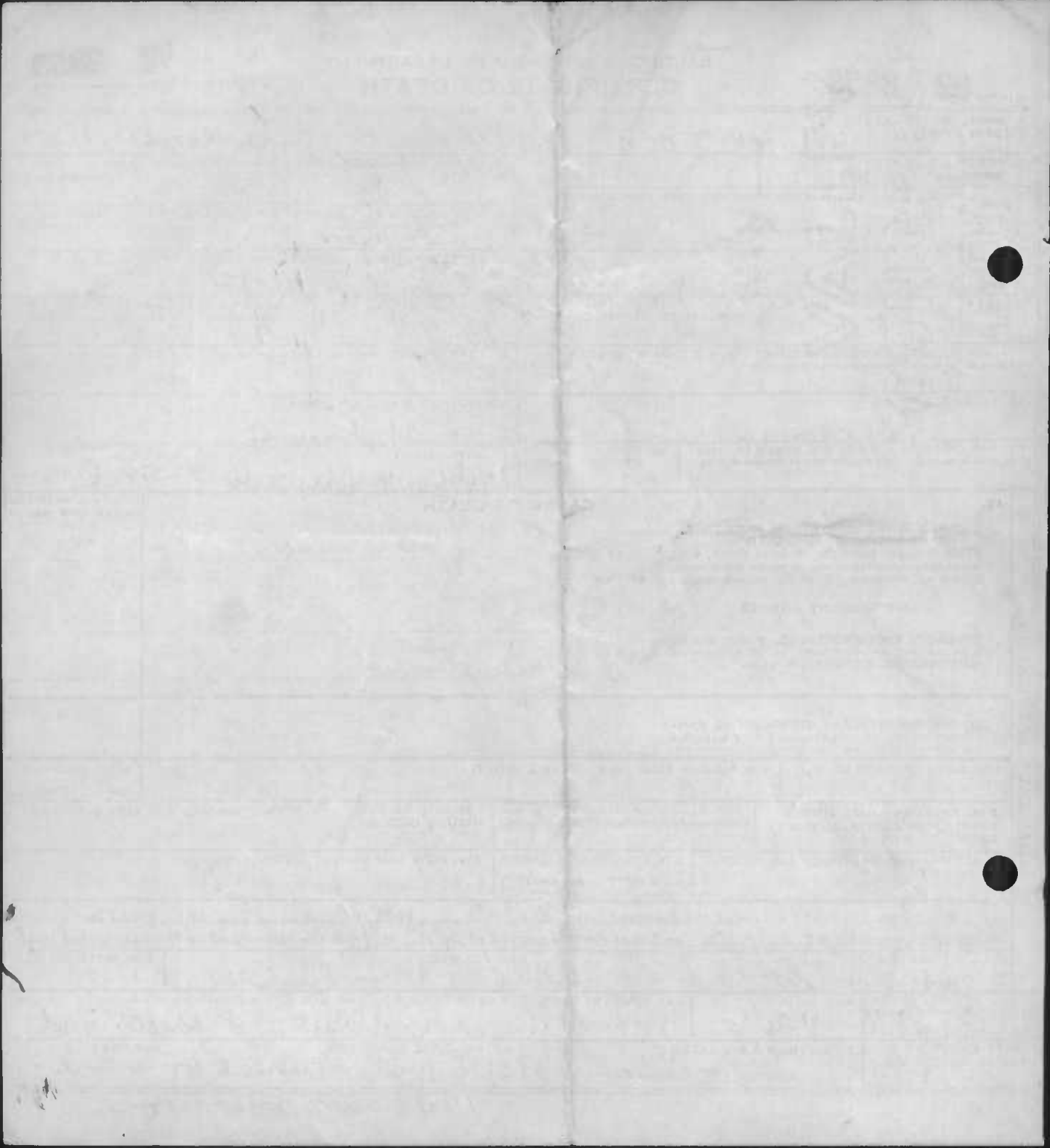
1. NAME OF DECEASED (Type or Print) LILLIAN THOMAS			2. DATE OF DEATH Mar. 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Bar-Wil-Bar			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 19-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 325 N. Bruce ST		
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1877		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dom.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Goodman			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Margaret Warwick 325 N. Bruce	

18. 4714 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Valvular Heart Disease		DUE TO			
(B) Hypertension		DUE TO			
(C)					
<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 3, 1952, to Mar. 21, 1952, that I last saw the deceased alive on Mar. 21, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

23A. SIGNATURE Douglas Shepherd		23B. ADDRESS 604 N. Fulton Ave		23C. DATE SIGNED 3/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) (State) West Port Balto. md		25. FUNERAL DIRECTOR ADDRESS Metropolitan Funeral Home Inc. 1944 Edmondson Ave			
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams			



526

Singer

52 2854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2854

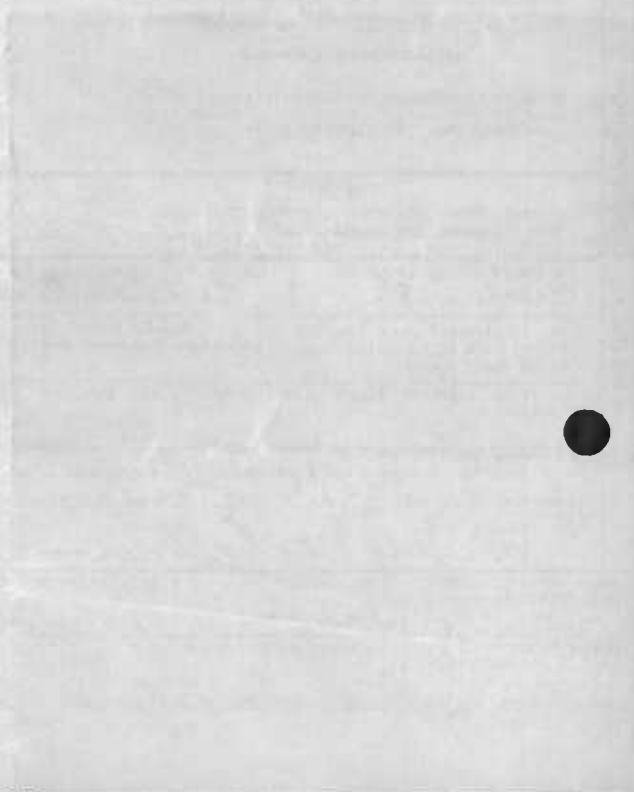
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ellis Singer</i>		2. DATE OF DEATH <i>3-23-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Senai</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 202</i>	
D. STREET ADDRESS (If rural, give location) <i>1731 E. Baltimore St</i>		E. LENGTH OF STAY IN BALTIMORE <i>58</i> Yrs. <i>None</i> Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Mordecai</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Norton Naviasky</i>		ADDRESS <i>-3209 Woodland</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Failure</i> DUE TO ANTECEDENT CAUSES <i>Atherosclerosis</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes Mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>March 3, 52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Atherosclerosis gangrene of leg</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-15</i> , 19 <i>52</i> , to <i>3-23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3-23</i> , 19 <i>52</i> , and that death occurred at <i>3:10</i> A. M., from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph Dechelham</i>		23B. ADDRESS <i>Senai Hosp.</i>	
23C. DATE SIGNED <i>3-23-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-24-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>United Hebrew</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Mar 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR <i>Jack Lewis</i>		ADDRESS <i>2100 Canton Rd</i>	

3 5/21

WALTER
CONLEY

BIRD
100/4/2/6



530

52 2855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2855

1. NAME OF DECEASED (Type or Print) LOUIS SMITH		2. DATE OF DEATH 23 MAR. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 27-18	
6. Length of stay in Baltimore 25 Yrs. Mon Days		D. STREET ADDRESS (If rural, give location) 3410 W BELUS DEBE AV.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 59
9. AGE (in years last birthday) 59		10. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10B. KIND OF BUSINESS OR INDUSTRY Dept Store	
11. BIRTH PLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Leah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Belle Smith		ADDRESS Home	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SHOCK, POST OPERATIVE		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL ILE MORRHAGE			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 21 MAR. 1952		19B. MAJOR FINDINGS OF OPERATION CEREBRAL ILE MORRHAGE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8 MAR. 1952 , to 23 MAR. 1952 , that I last saw the deceased alive on 23 MAR. 1952 , and that death occurred at 2:24 p.m., from the causes and on the date stated above.			
23A. SIGNATURE James P. O'Hare M.D.		23B. ADDRESS Guthrie Hdg.	
23C. DATE SIGNED 23 MAR. 52			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-24-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John Leach ADDRESS 2100 Eutaw Pl	

11

653

52 2856

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Prentz

2. DATE
OF
DEATH

March 22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2419 E Federal St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) _____
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____

CAUSE OF DEATH

Coronary Artery Disease

Hypertensive Cardiovascular Disease

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

7 days

unknown

unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 September, 1951, to 22 May, 1952, that I last saw the
deceased alive on 12 Mar, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

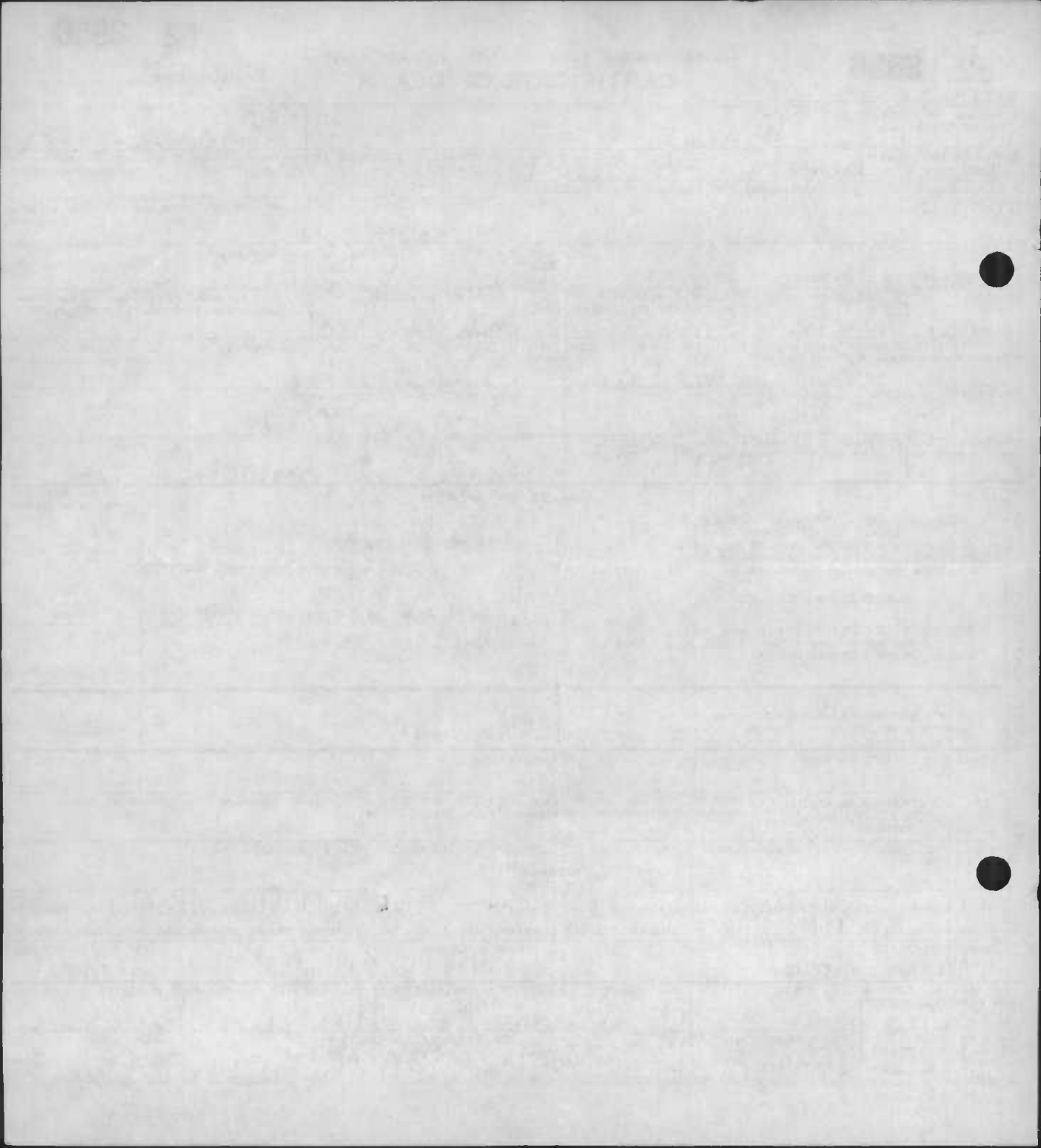
25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1952

Huntington Williams, M.D.

John C. Miller Inc. 2425 E. Olney St



520
REA-51156

52 2857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2857
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Belle Green Thomas

2. DATE
OF
DEATH

March 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Baltimore City Hospitals
INSTITUTION 4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

C. Length of stay in Baltimore

53 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1882
Sept. 18, 1882

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pearson

14. MOTHER'S MAIDEN NAME

Judy Dandridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 491 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Bronchopneumonia

Interval between onset and death

one week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1952, to 3-20, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

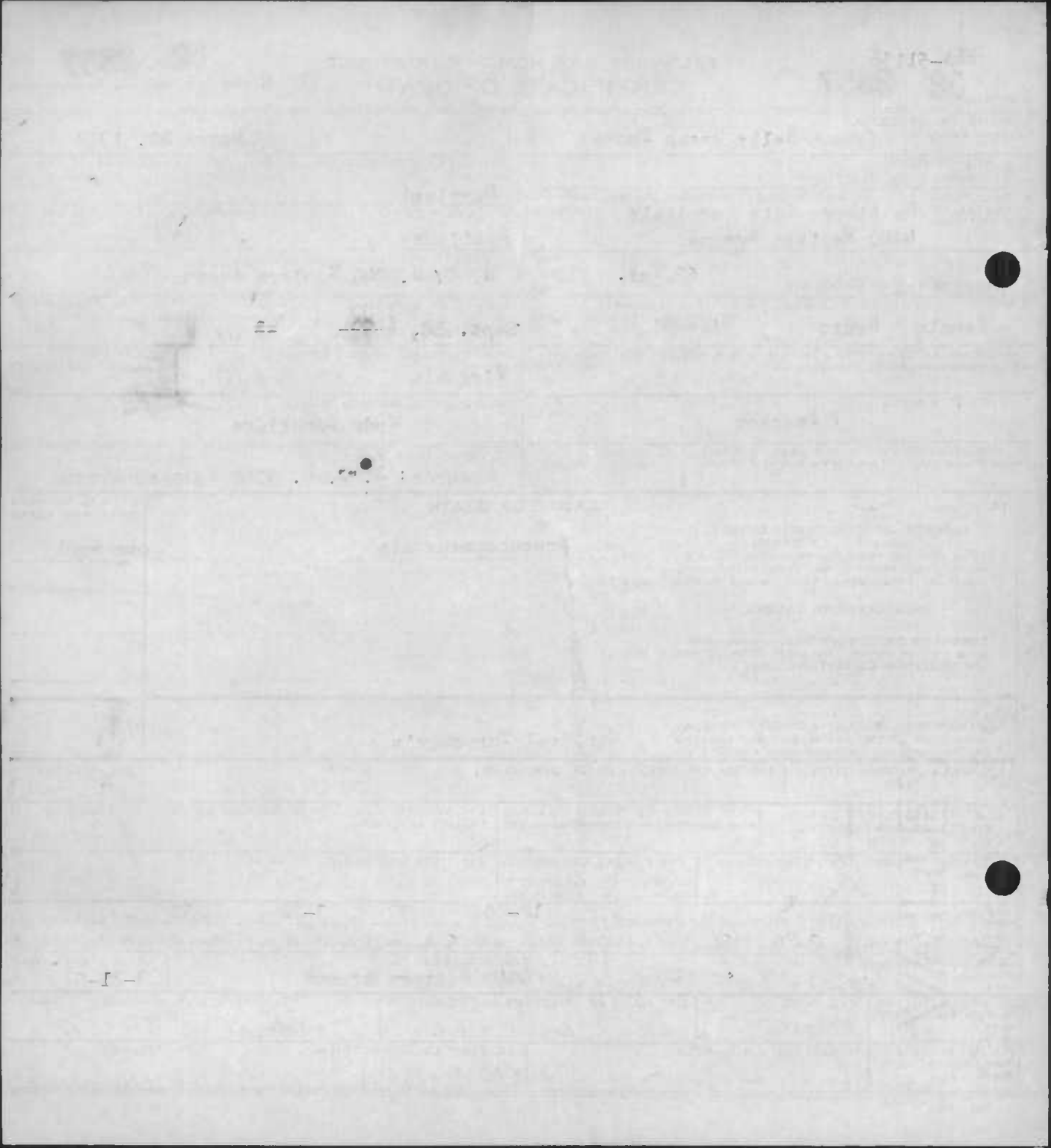
ADDRESS

72 Brooke Ruggles 1463 N. Carey St

MAR 24 1952

VS 150

MEDICAL CERTIFICATION

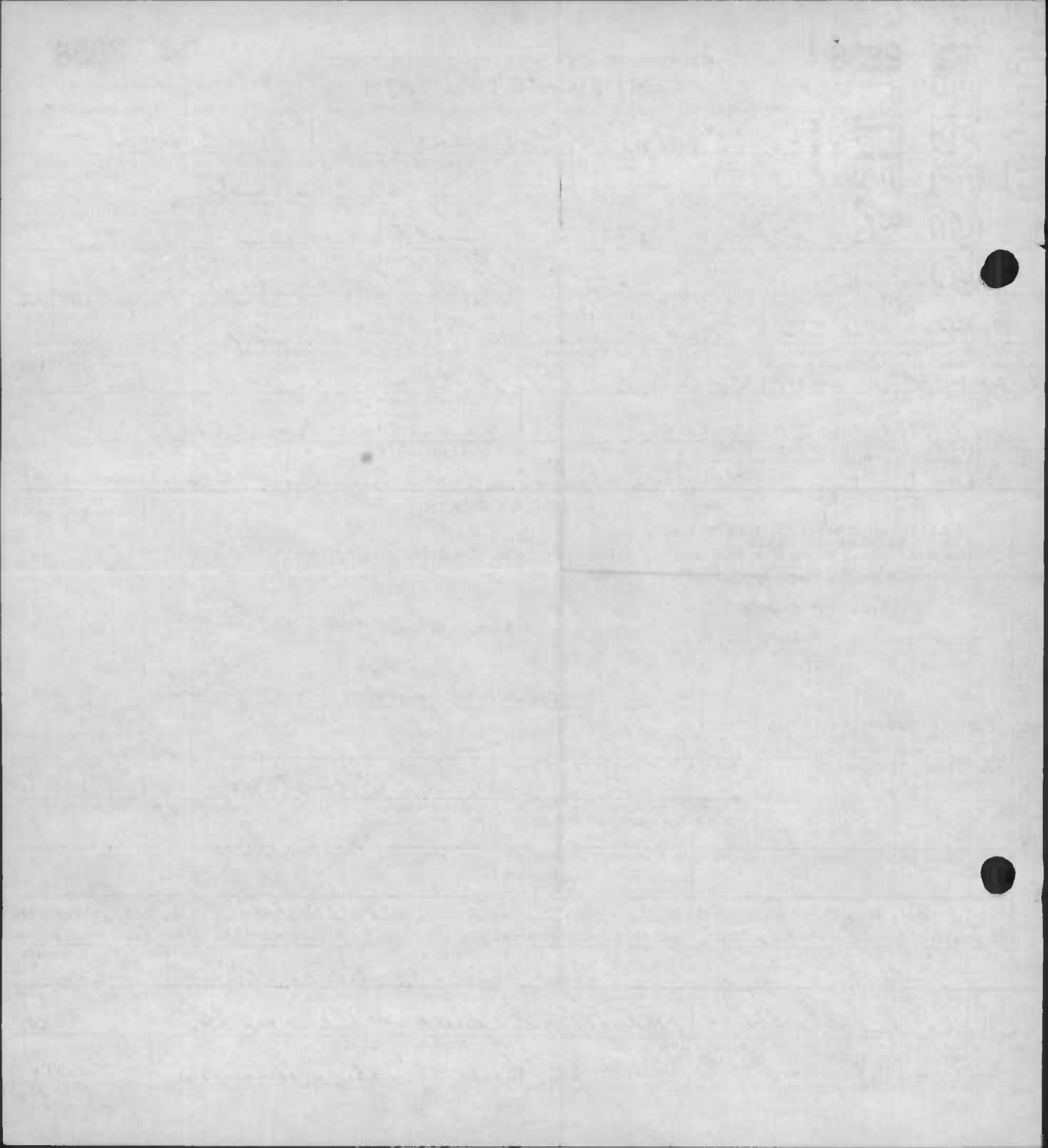


52 2858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2858
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PETER (SKELPS) SKELPSNS.		2. DATE OF DEATH 3-20-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-43 D. STREET ADDRESS (If rural, give location) 1620 Spence St.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1620 SPENCE ST.		C. Length of stay in Baltimore 45 Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-7-1884	9. AGE (In years, last birthday) 67	10. Under 1 Year Months; Days 11. Under 24 Hours Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.		11. BIRTHPLACE (State or foreign country) Lithuania	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CARL SKELPSNS		14. MOTHER'S MAIDEN NAME Victoria Kedaitė	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 705-03-5288		17. INFORMANT'S ADDRESS SELMA SKELPSNS 1620 Spence St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) 177X		CAUSE OF DEATH (A) Cardiac failure DUE TO (B) General Metastases DUE TO (C) Carcinoma prostate			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1951 to Mar 20, 1952 , that I last saw the deceased alive on Feb 18, 1952 and that death occurred at 6P m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. W. K. Keiffer		23B. ADDRESS 4700 Washington Blvd		23C. DATE SIGNED Mar 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Belair Rd		24E. FUNERAL DIRECTOR Charles W. Jachausch		24F. ADDRESS 703 McKenry St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Wilbur		25. FUNERAL DIRECTOR Charles W. Jachausch	
VS 150		5055015			

MEDICAL CERTIFICATION



52 2859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2859
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN F. LINNEN (Linnen)

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

CITY HOSPITALS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

#304A Burke Ave

Length of stay in Baltimore

20-Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 31-1896

9. AGE (In years
last birthday)

55

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Totally disabled

10B. KIND OF BUSINESS OR
INDUSTRY

World War I

13. FATHER'S NAME

Willard A Linnen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes World War I

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. J F Linnen #304A Burke Rd. Balto 20

ADDRESS

Route 15

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

DUE TO

DUE TO

RUPTURE OF LUETIC
AORTIC ANEURYSM
INTO TRACHEAINTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR23C. DATE SIGNED
Mar 23, 195224A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/26/52

Parkwood Cen

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1952

Huntington

Largan Funeral Home 401 Balto Rd.

2160

52 2860

52 2860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Helen B. Kahler		March 20, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland 2724 Pelham Ave.		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Baltimore		Baltimore 8-01	
D. STREET ADDRESS (If rural, give location)		2724 Pelham Ave.	
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	Mar. 16, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
At Home			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Edmund Pabst		Augusta Prinz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
Mrs. Augusta Grauer		2724 Pelham Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET, AND DEATH
175X I	(A) Metastasis of Adenocarcinoma of the Ovary.	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1950	Adenocarcinoma of Ovary	YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Jan 1950 to Mar 20, 1952, that I last saw the deceased alive on Mar 18, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.		
23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
H. B. Stevens	3000 Erdman Cir	3/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Mar 24/52	Immanuel Cem	Balt
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 24 1952	Huntington Williams, M.D.	W. B. L. Funeral Home	2004 Arden

MEDICAL CERTIFICATION

NOT A
CONCRETE
BOND

120

52 2861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2861

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVIES FLORENCE

2. DATE
OF
DEATH

3-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

581 - 5th St

66-7

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

85

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Mr. Hugh

14. MOTHER'S MAIDEN NAME

Martha Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Emma Harris

18. 572. 1 April 1908

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PERITONITIS

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PERFORATED DIVERTICULUM

DUE TO

4 days

(C) DIVERTICULITIS

4 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ca. BREAST, ASCVD FAILURE

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-52, 19, to 3-23-52, 19, that I last saw the
deceased alive on 3-22-52, and that death occurred at 10⁰⁰ P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry D. Perry Jr.

M. D.

UNIVERSITY HOSP. BALTIMORE

3-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Mar 26, 1952

Huntington Hill

Easton Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Hill

Huntington Hill

VS 150

1982 2

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

1982 2

1982 2

1982 2

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415

52 2862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2862

Registered No. _____

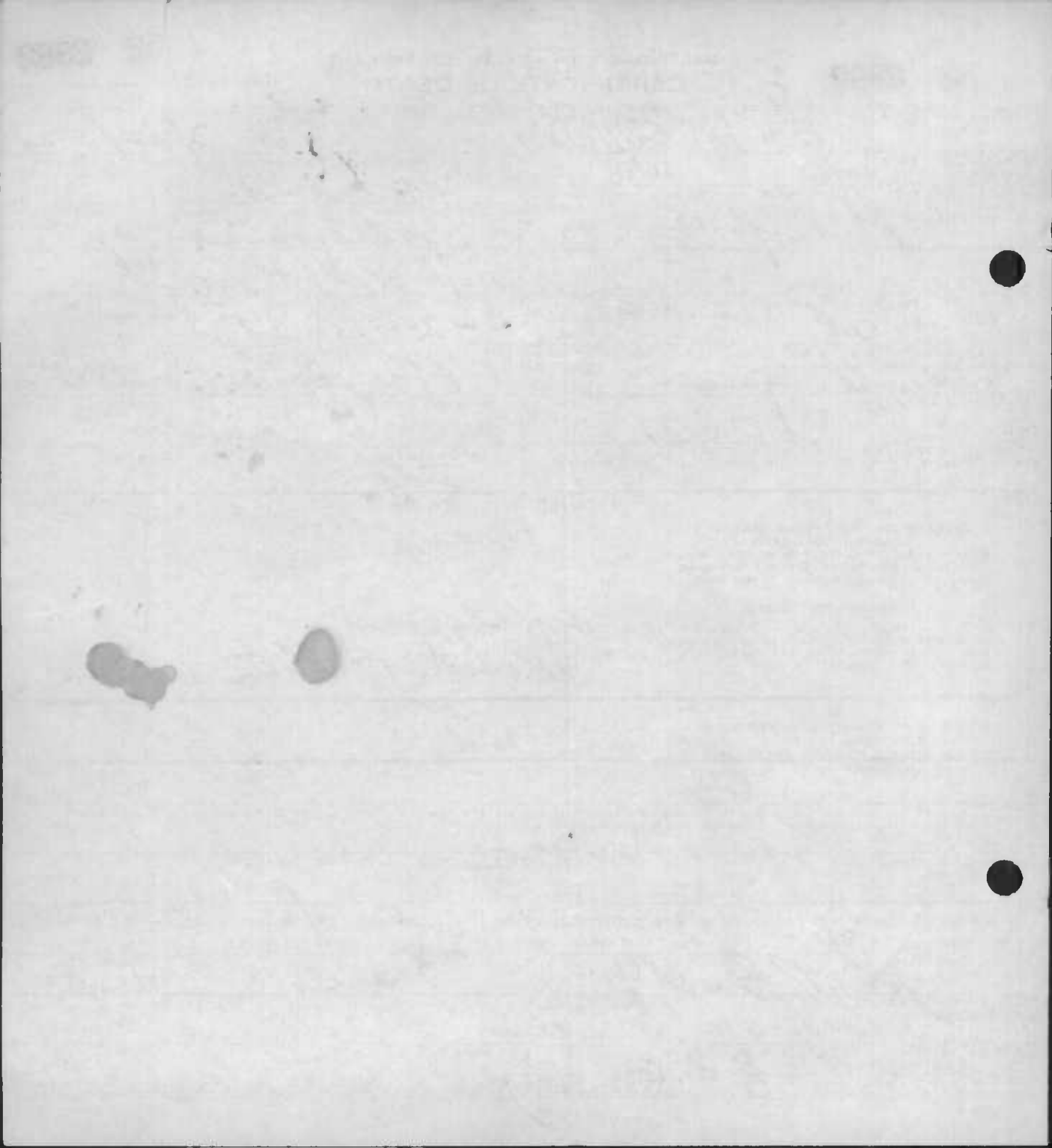
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) EMMA A SULLIVAN		2. DATE OF DEATH 3/22/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 1213 St. Matthews St.	
5. SEX F	6. COLOR OR RACE Col	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH 4-2-1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Benjamin (?) Fleet		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT self.		ADDRESS	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cremia	CAUSE OF DEATH (A) Cremia DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertension DUE TO	(C) Diabetes mellitus	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. na		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/2 19 52 to 3/22 19 52 and that death occurred at 3:45 m., from the causes and on the date stated above.					
23A. SIGNATURE John R. Buell Jr.		23B. ADDRESS Mercy		23C. DATE SIGNED 3/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-26-52		24C. NAME OF CEMETERY OR CREMATORY mt. Calvary	
24D. LOCATION (City, town, or county) (State) A. R. County, Md		24E. FUNERAL DIRECTOR Joseph S. Rock		24F. ADDRESS 1304 N. Central Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION



62 ✓
52 2863BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2863
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wanda Yurczak

2. DATE
OF
DEATH

Mar. 22-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1621 Church St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 21, 1922

9. AGE (In years
last birthday)

29

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR
INDUSTRY

American Can Co.

13. FATHER'S NAME

Vincent Yurczak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-18-4863

17. INFORMANT

Lolifurczak 1621 Church St

ADDRESS

18. 237X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intra cranial tumor

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1952, to 3/22, 1952, that I last saw the
deceased alive on 3/21, 1952, and that death occurred at 1A.m., from the causes and on the date stated above.

23A. SIGNATURE

Sidney P. Galt

23B. ADDRESS

4705 Pennmar Ave.

23C. DATE SIGNED

3/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 25-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

A. A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. S. Figalkowski 2007 Eastern Ave.

ADDRESS

VS 150

6903D

MEDICAL CERTIFICATION

2208

22

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

1912

12

52 2864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2864
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Caroline Elizabeth Dolfeld</i>			2. DATE OF DEATH <i>3-23-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 27-09</i>		
c. Length of stay in Baltimore <i>81 yrs.</i>			d. STREET ADDRESS (If rural, give location) <i>4530 Northwood Drive</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>July 23, 1870</i>	9. AGE (In years, last birthday) <i>81</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>usa</i>
13. FATHER'S NAME <i>Alexander Yearly Dolfeld</i>			14. MOTHER'S MAIDEN NAME <i>Emma Kroke</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Mrs. Theodore Waters 117 Tuckbridge</i>		

18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CARCINOMA OF GALLBLADDER</i> DUE TO <i>local metastases</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3-10-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *3-10-52*, 19*52*, to *3-23-52*, 19*52*, that I last saw the deceased alive on *3-23-52*, 19*52*, and that death occurred at *2⁰⁰* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Richard Beach</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>3-23-52</i>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 25 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>Mar 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Hall</i>	25. FUNERAL DIRECTOR <i>W. B. Williams</i>	ADDRESS <i>Sm Co 4905 York Rd</i>
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1788

52

RECEIVED OF THE
TREASURY DEPARTMENT

1880 52

630
52 2865
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2865
Registered No.

1. NAME OF DECEASED (Type or Print) <i>David Benton Grothaus, Jr.</i>			2. DATE OF DEATH <i>March 22 1952</i>		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-09</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore <i>70</i>			D. STREET ADDRESS (If rural, give location) <i>1518 North Gate Road</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 15 1882</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Water & Elec.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>David Grothaus</i>			14. MOTHER'S MAIDEN NAME <i>Mary Pedduzzi</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		
17. INFORMANT <i>Mr. David B. Grothaus, Jr.</i>			ADDRESS <i>-1518 Northgate Rd.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Coronary occlusion</i> DUE TO (B) <i>Congestive heart failure (arterio-sclerotic cardiovascular disease)</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 20, 1952</i> , to <i>March 22, 1952</i> , that I last saw the deceased alive on <i>March 22, 1952</i> and that death occurred at <i>5:25 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sze-jui Lin</i>		23B. ADDRESS <i>Md. General Hospital</i>		23C. DATE SIGNED <i>March 22 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Shen J. Lickner & Sons</i>	ADDRESS <i>Balto Md.</i>
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VS 150

THE
JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE
PART 1, 1947

1947



536
52 2866
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2866

1. NAME OF DECEASED
(Type or Print)

HELEN GENTRY

2. DATE
OF
DEATH

3/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GEN. HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

+3/31/12

9. AGE (in years
last birthday)

39+

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

Squamous cell Ca
of cervix with metastasis
to bladder.

9 mo.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/52, 1952 to 3/23/1952 that I last saw the
deceased alive on 3/23/1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

3/24/52

Mt. Hebron Cem.

Winchester, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1952

Thurston J. Williams

Thurston J. Williams & Sons

VS 150

Baltimore 17, Md.

MEDICAL CERTIFICATION

536

52 2867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2867

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DRAPER PINDER

2. DATE
OF
DEATH

3.21.50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

504 W. Lafayette Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 14-02

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

504 Lafayette Ave

W.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1.7.81

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Draper Pinder

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jeanette Pinder 504 W. Lafayette Ave

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arteriosclerotic Cardio - 16 yrs.
vascular renal disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to March 21, 1952, that I last saw the
deceased alive on 3.21.1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr M.D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

3.24.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1952

Huntington Williams, M.D.

James D. Carr, M.D.

638 N. 9th St

1987

2

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

1987

1

4658 2868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2868
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA TYLER.

2. DATE
OF
DEATH

3-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1825 APPLETON ST4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLANDC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1825 APPLETON ST 1502D. STREET ADDRESS (If rural, give location)
BALTIMORE

C. Length of stay in Baltimore

55

Yrs.
Mos.
Days

5. SEX

FEMALE COL

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

1/22/1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN NORRIS

Md.

14. MOTHER'S MAIDEN NAME

REBECCA ?

Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT 1825 ADDRESS

HORTENSE FORD APPLETON ST.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Terminal broncho pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic myocarditis & arteriosclerosis

DUE TO

(C) Senile degeneration

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1936, to March 3, 1952, that I last saw the
deceased alive on March 2, 1952, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

C. Campbell

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

3-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-26-52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY CEM

24D. LOCATION (City, town, or county)

A.A. County Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

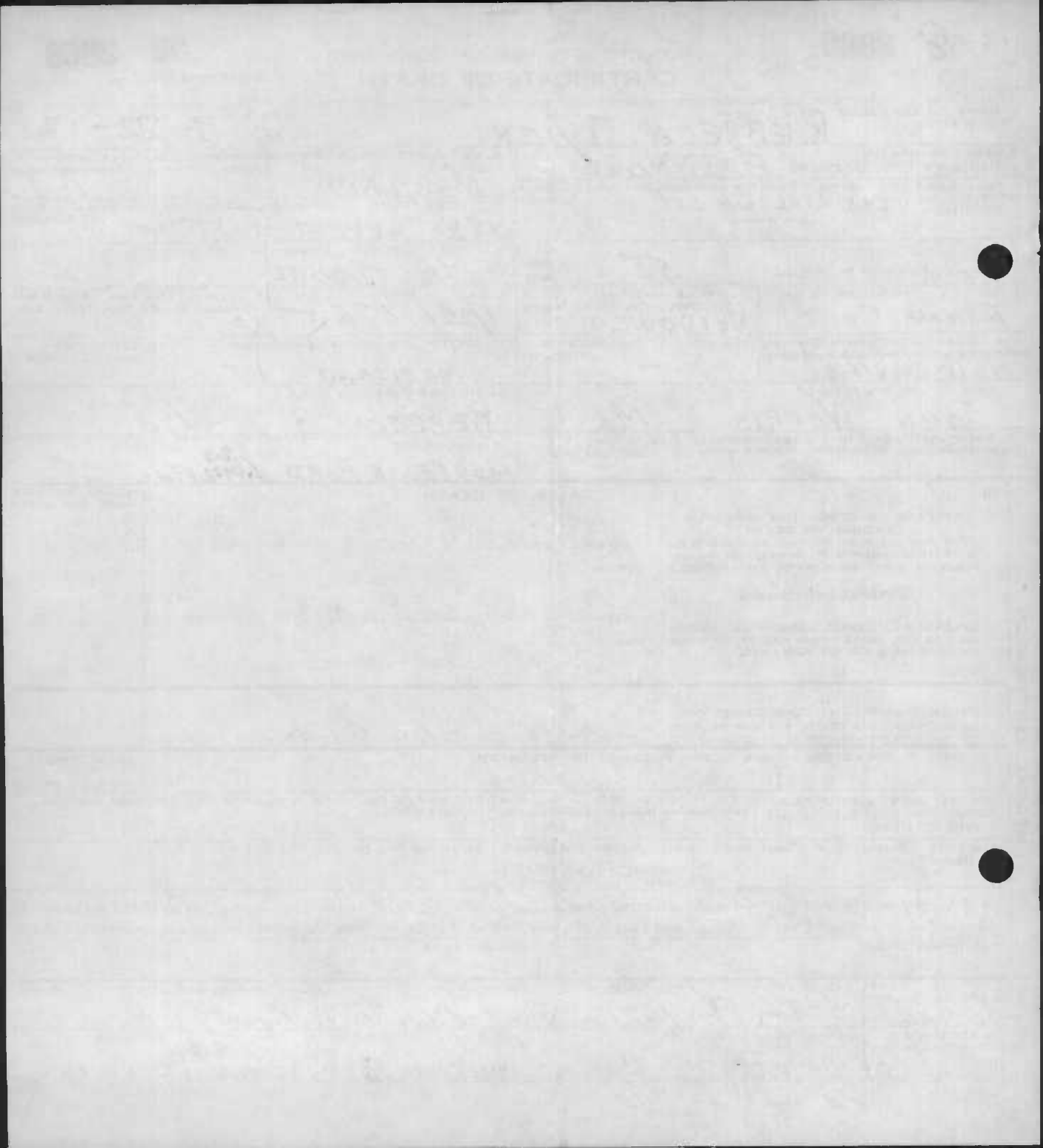
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

WILLIAM S JACKSON 916 PENNA. AVE



320
52 2869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2869

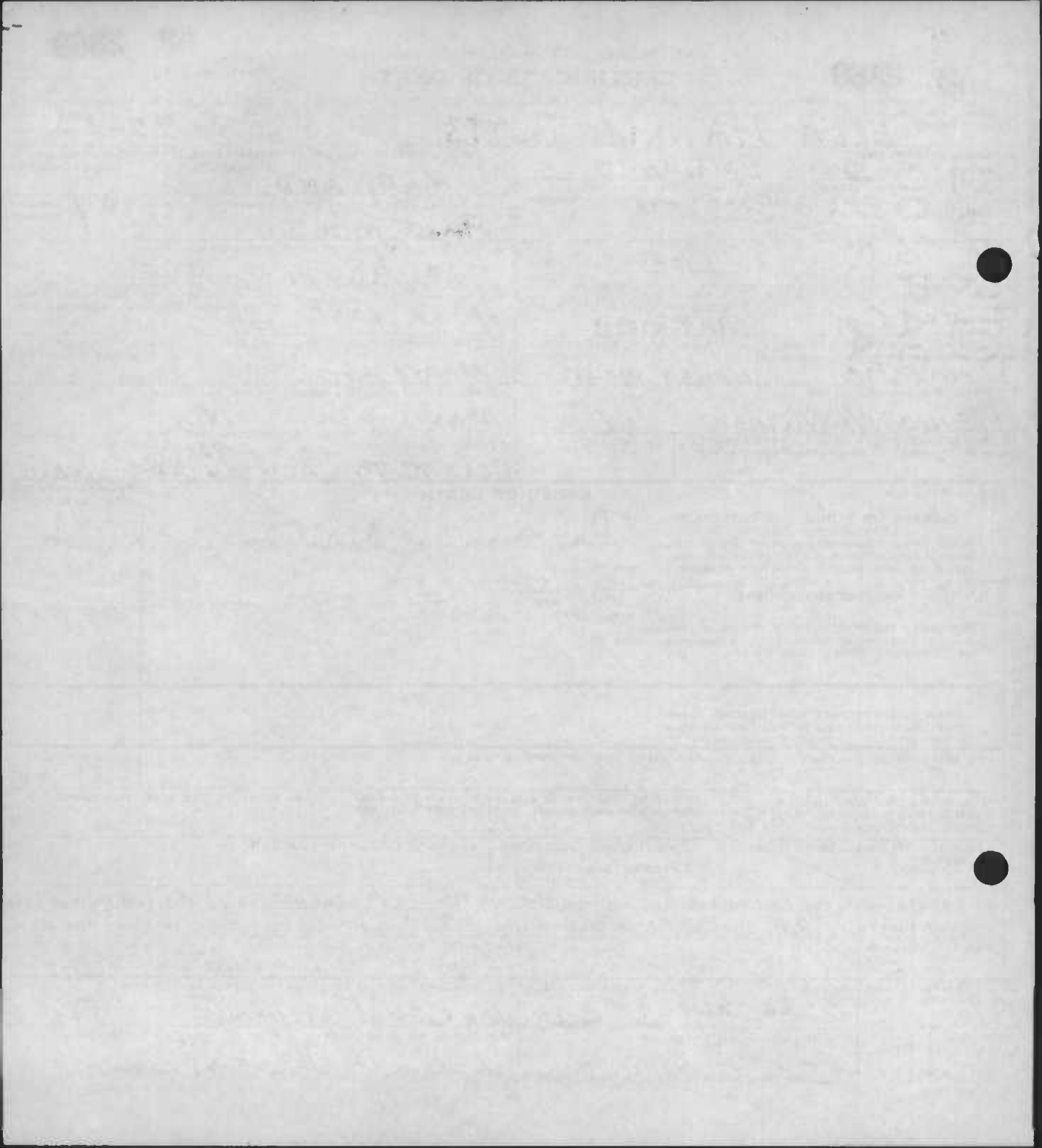
Registered No.

1. NAME OF DECEASED (Type or Print) ELLA HAWKINS BUTTS.			2. DATE OF DEATH 3-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 922 ARBYLE AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 922 ARBYLE AVE.		
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-22-1888		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10B. KIND OF BUSINESS OR INDUSTRY HOUSE WORK		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME HENRY HAWKINS			14. MOTHER'S MAIDEN NAME MARY ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 7			16. SOCIAL SECURITY NO.		
17. INFORMANT ELIZABETH JACKSON			18. ADDRESS 922 ARBYLE AVE		

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the uterus & metastasis		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) metastasis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-26-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 18, 1952 to March 21, 1952 , that I last saw the deceased alive on 3/21/1952 and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE W. L. Jackson		23B. ADDRESS 600 N. Calverton		23C. DATE SIGNED 3/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-26-52		24C. NAME OF CEMETERY OR CREMATORY Mt AUBURN CEM	
24D. LOCATION (City, town, or county) BALTIMORE		24E. STATE MD		25. FUNERAL DIRECTOR WILLIAM A JACKSON	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE William A. Jackson		ADDRESS 916 PENNA AVE.	

720 8A 66



412
52 2870BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2870

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Elizabeth Phillips		3/21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3518 Elliott St.		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3518 Elliott St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/30/81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT August Phillips		ADDRESS 3518 Elliott St.	
18. I hereby certify that I attended the deceased from Dec 7, 1951, to Mar 21, 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Dec 7/51 Dec 7/51 Mar 1/52 Dec 7/51	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH none		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
21C. WHERE DID INJURY OCCUR? none		21D. TIME (Month) (Day) (Year) (Hour) none	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from Dec 7, 1951, to Mar 21, 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.		23. DATE SIGNED 3-24-52	
23A. SIGNATURE J. G. Schimunek		23B. ADDRESS 842 N. East Ave	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/25/52	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR Charles F. Hoffmann		ADDRESS 1639 Broadway	

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52 2871

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2871
Registered No.

1. NAME OF DECEASED (Type or Print) CHRISTY, CLARENCE ALFRED		2. DATE OF DEATH 3-23-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Lomax	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S.P.H.S. (MARINE) BALTIMORE, MD.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CRISFIELD, MD.	
7. LENGTH OF stay in Baltimore		8. STREET ADDRESS (If rural, give location) 6932	
9. SEX M	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	12. DATE OF BIRTH JAN 6 1896
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FISHING		14. AGE (in years last birthday) 56	
15. KIND OF BUSINESS OR INDUSTRY FISHING		16. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
17. FATHER'S NAME GEORGE A. CHRISTY		18. MOTHER'S MAIDEN NAME ELIZABETH STERLING	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		20. SOCIAL SECURITY NO. —	
21. INFORMANT ADMISSION SHEET		22. ADDRESS	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA, lung, left (bronchogenic)		INTERVAL BETWEEN ONSET AND DEATH Unknown
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION —		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB 24 , 19 52 , to MAR 23 , 19 52 , that I last saw the deceased alive on MAR 22 , 19 52 and that death occurred at 4:30 pm., from the causes and on the date stated above.					
23A. SIGNATURE Ronald A. Wells		23B. ADDRESS U.S.P.H.S. Hospital		23C. DATE SIGNED 3-23-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-26-1952		24C. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	
24D. LOCATION (city, town, or county) Crisfield, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR H. Harvey Broadshaw		25. ADDRESS Crisfield, Md.			

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432 2872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2872
Registered No.

BIRTH NO. 48-21636

1. NAME OF DECEASED
(Type or Print)

DANIELLE

POPIOLEK

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

Brooklyn Park

D. STREET ADDRESS (If rural, give location)

306 Fifth Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

October 2,

9. AGE (In years
last birthday)

3 yrs.

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Milton A. Popiolek

14. MOTHER'S MAIDEN NAME

Ellaxenia C. Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ellaxenia C. Popiolek 306, 5th Ave.

18. 501X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Acute pharyngitis, bronchitis and
pneumonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

22A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER... ☐
ASSISTANT MEDICAL EXAMINER... ☒
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/24/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

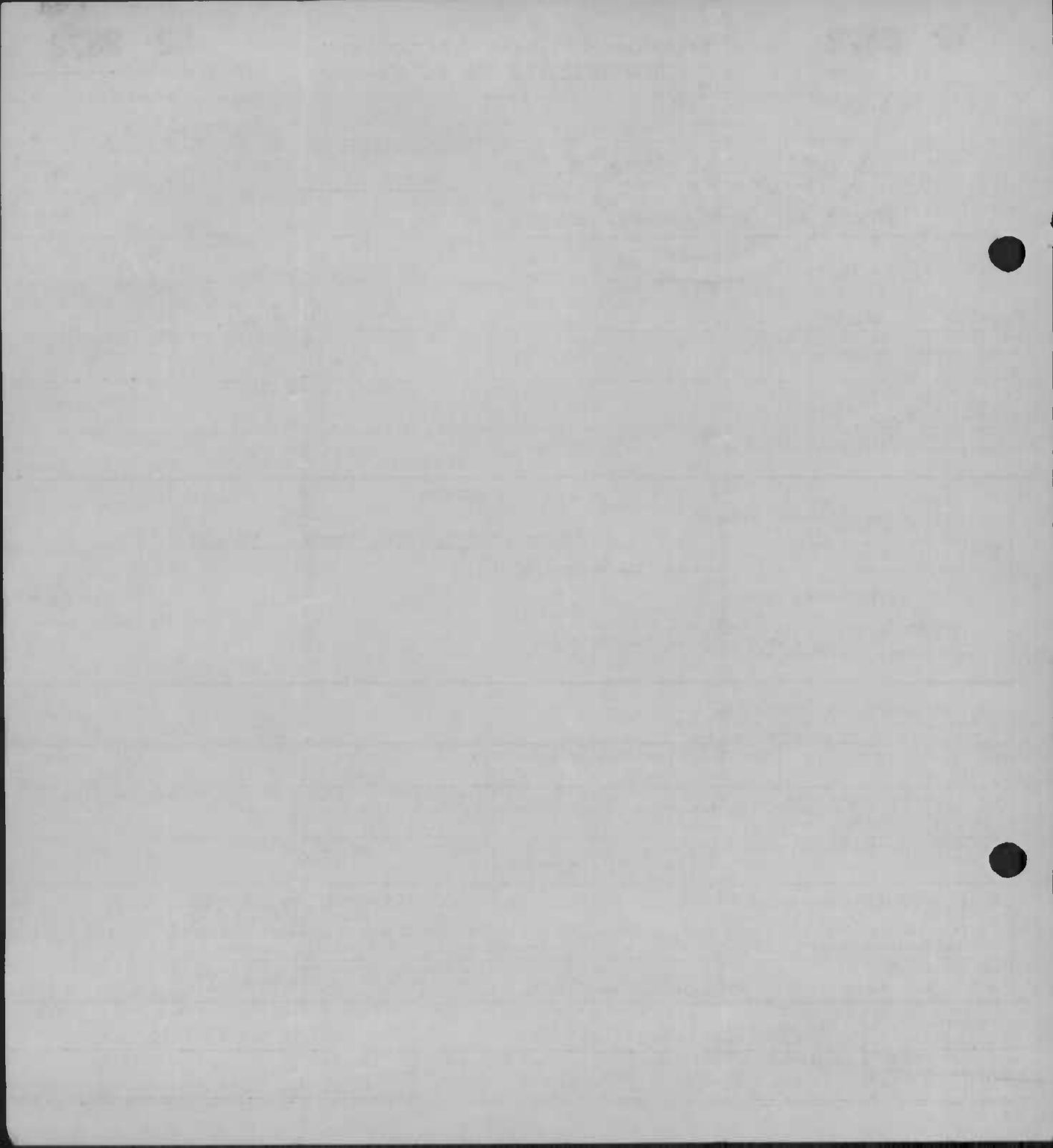
REGISTRAR'S SIGNATURE

Huntington Wallick, Jr.

25. FUNERAL DIRECTOR

Flynn & Fleming 1426 Light St.

ADDRESS



2092 2873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2873

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS DASH

2. DATE
OF
DEATH

MAR. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4122 MORRISON COURT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

MARYLAND.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-05

D. STREET ADDRESS (If rural, give location)

4122 MORRISON COURT

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

APRIL 19, 1923

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FOREMAN.

10B. KIND OF BUSINESS OR
INDUSTRY

U. S. C. G.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE DASH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

MARY L. BALLANTINE DASH

CAUSE OF DEATH

18. 4201

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 hours.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Virus pneumonia

1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1952, to 3/21, 1952, that I last saw the
deceased alive on 3/21, 1952, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Sidney P. Schlot

23B. ADDRESS

M. D.

4700 Pennington Ave.

23C. DATE SIGNED

3/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

A. A. Co. MD.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

MAR 24 1952

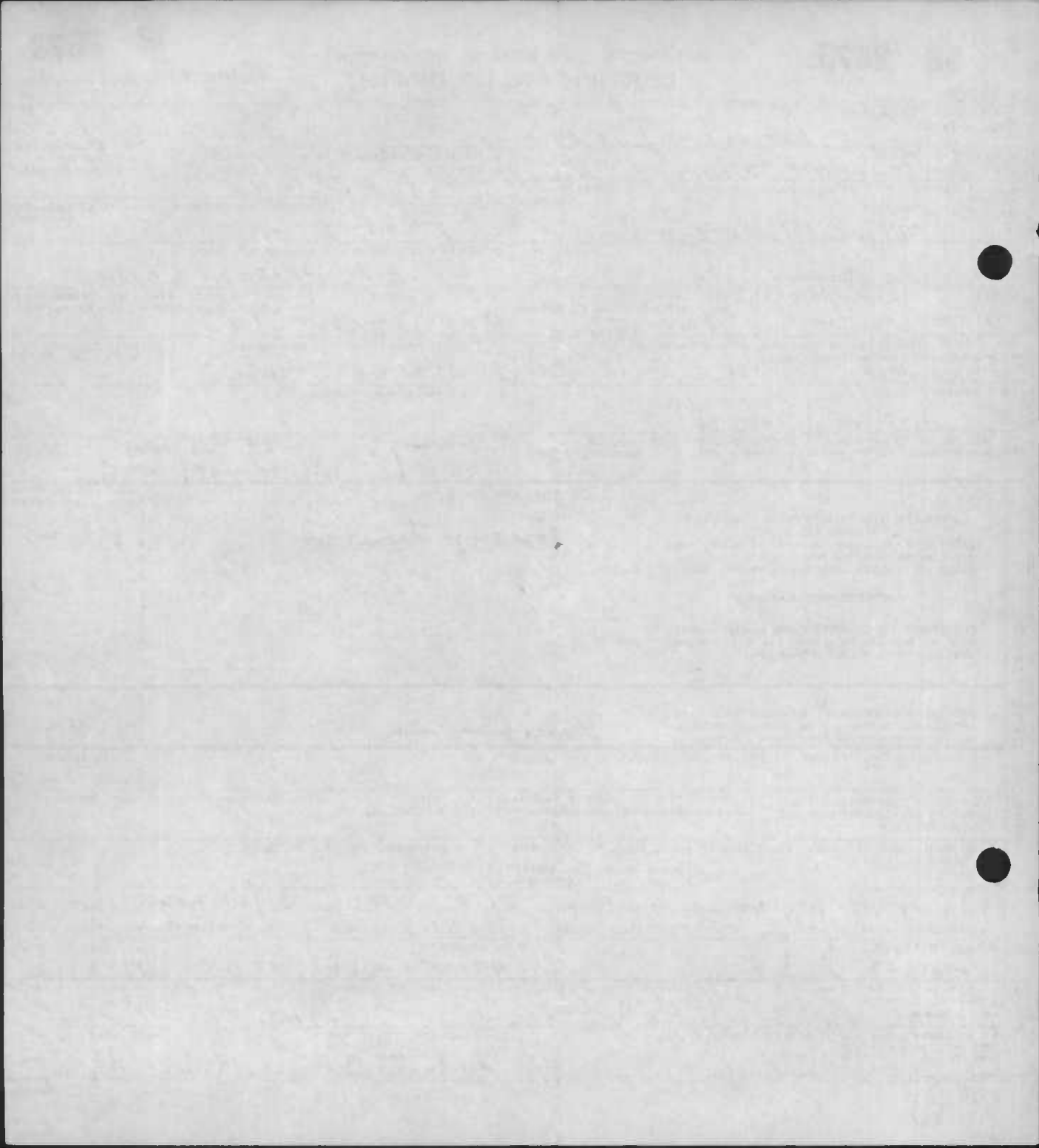
25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, 1426 LIGHT ST.

VS 150

MEDICAL CERTIFICATION



552
52 2874
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2874

1. NAME OF DECEASED (Type or Print) <i>Natie Elizabeth Cunningham</i>			2. DATE OF DEATH <i>3/2/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>6-02</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Maryland Gen. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2431 Jefferson St #5</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>Wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Wid</i>	8. DATE OF BIRTH <i>Sept 16, 1883</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
13. FATHER'S NAME <i>Darius Coleman</i>			14. MOTHER'S MAIDEN NAME <i>Mary Jane Cadman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>17</i>		
17. INFORMANT <i>Philp Henry Jones</i>			ADDRESS <i>2855</i>		

18. <i>199.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized Abdominal Carcinomatosis</i>	CAUSE OF DEATH (A) <i>Generalized Abdominal Carcinomatosis</i> DUE TO (B) <i>Primary unknown.</i> DUE TO (C) <i></i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION <i>3/1/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Generalized abdominal carcinomatosis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3/10</i> , 19 <i>52</i> , to <i>3/21</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/21</i> , 19 <i>52</i> , and that death occurred at <i>12:30 P.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>E. E. Bryant</i>	23B. ADDRESS <i>Maryland Gen. Hosp.</i>	23C. DATE SIGNED <i>3/2/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/24/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	25. FUNERAL DIRECTOR <i>Philp Henry Jones</i> ADDRESS <i>2855</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i> REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		

1025

1025

524

52 2875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2875

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jessie Kinsella

2. DATE
OF
DEATH

3/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN

Baltimore #1 11-02

D. STREET ADDRESS (If rural, give location)

1015 Cathedral St

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 31, 1874-77

9. AGE (In years,

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CAPT. ALLEN (?) CLARK

14. MOTHER'S MAIDEN NAME

(?) UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

RHODIE KINSELLA

ADDRESS

1015 CATHEDRAL ST.
BALTO., MD.

18.

337 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23/52, 1952, to 3/24/52, 1952, that I last saw the
deceased alive on 3/24, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buell Jr.

M. D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

3/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

3/27/52

ARLINGTON CEM.

CHICAGO, ILL.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC.

715 LIGHT ST.
BALTO., MD.

2782 34

RECEIVED BY MAIL 10/10/1918
1720 10/10/1918

10/10/1918

A

10/10/1918

253
52 2876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2876
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN ALBERT MC INTYRE	
2. DATE OF DEATH Mar. 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Public Health Service Hospital Woman Pl. Drive & 31st Street	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 1001 St. Paul Street	
8. Length of stay in Baltimore ?	
9. Yrs. Mos. Days	
10. SEX M	
11. COLOR OR RACE W	
12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. DATE OF BIRTH 10/12/88	
14. AGE (In years last birthday) 63	
15. Under 1 Year Months: Days	
16. Under 24 Hours Hours: Min.	
17. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	
18. KIND OF BUSINESS OR INDUSTRY ?	
19. BIRTHPLACE (State or foreign country) Oklahoma	
20. CITIZEN OF WHAT COUNTRY? USA	
21. FATHER'S NAME John Mc Intyre	
22. MOTHER'S MAIDEN NAME Frances Holters	
23. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) Yes	
24. SOCIAL SECURITY NO. ?	
25. INFORMANT Records- US PHS Hospital, Balto, Md.	
26. ADDRESS	
27. CAUSE OF DEATH Coronary occlusion with myocardial infarction	
28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ?	
29. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?	
30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
31. DATE OF OPERATION ?	
32. MAJOR FINDINGS OF OPERATION	
33. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
34. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
35. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
37. TIME (Month) (Day) (Year) (Hour) INJURY	
38. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
39. HOW DID INJURY OCCUR?	
40. I hereby certify that I attended the deceased from Mar. 16, 1952 , to Mar. 21, 1952 , that I last saw the deceased alive on Mar. 21, 1952 , and that death occurred at 10:55A.m. , from the causes and on the date stated above.	
41. SIGNATURE D.W. Patrick, Medical Officer in Charge	
42. ADDRESS US PHS Hospital, Balto, Md.	
43. DATE SIGNED 3/21/52	
44. BURIAL, CREMATION, REMOVAL (Specify) Burial	
45. DATE Mar. 25/52	
46. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	
47. LOCATION (City, town, or county) (State) Balto. Md.	
48. DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952	
49. REGISTRAR'S SIGNATURE Huntington Williams	
50. FUNERAL DIRECTOR 2334 Jefferson St.	

52 2877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2877

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maria Marie L. Johnson

2. DATE
OF
DEATH

March 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1708 Lorman St

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1708 Lorman St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Dec 22, 1877

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

William Passery

14. MOTHER'S MAIDEN NAME

mariah Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Joseph m. Johnson 1708 Lorman St

ADDRESS

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1952 to 3-22, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders M. O.

23B. ADDRESS

1029 N. Stricker St

23C. DATE SIGNED

3-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-26-52

24C. NAME OF CEMETERY OR CREMATORY

Balto nat

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

George S. Nelson 1303

ADDRESS

Prestman St

VS 150

MEDICAL CERTIFICATION

1917

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1917

[Faint, illegible text, likely bleed-through from the reverse side of the page]

214
52 2878BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2878

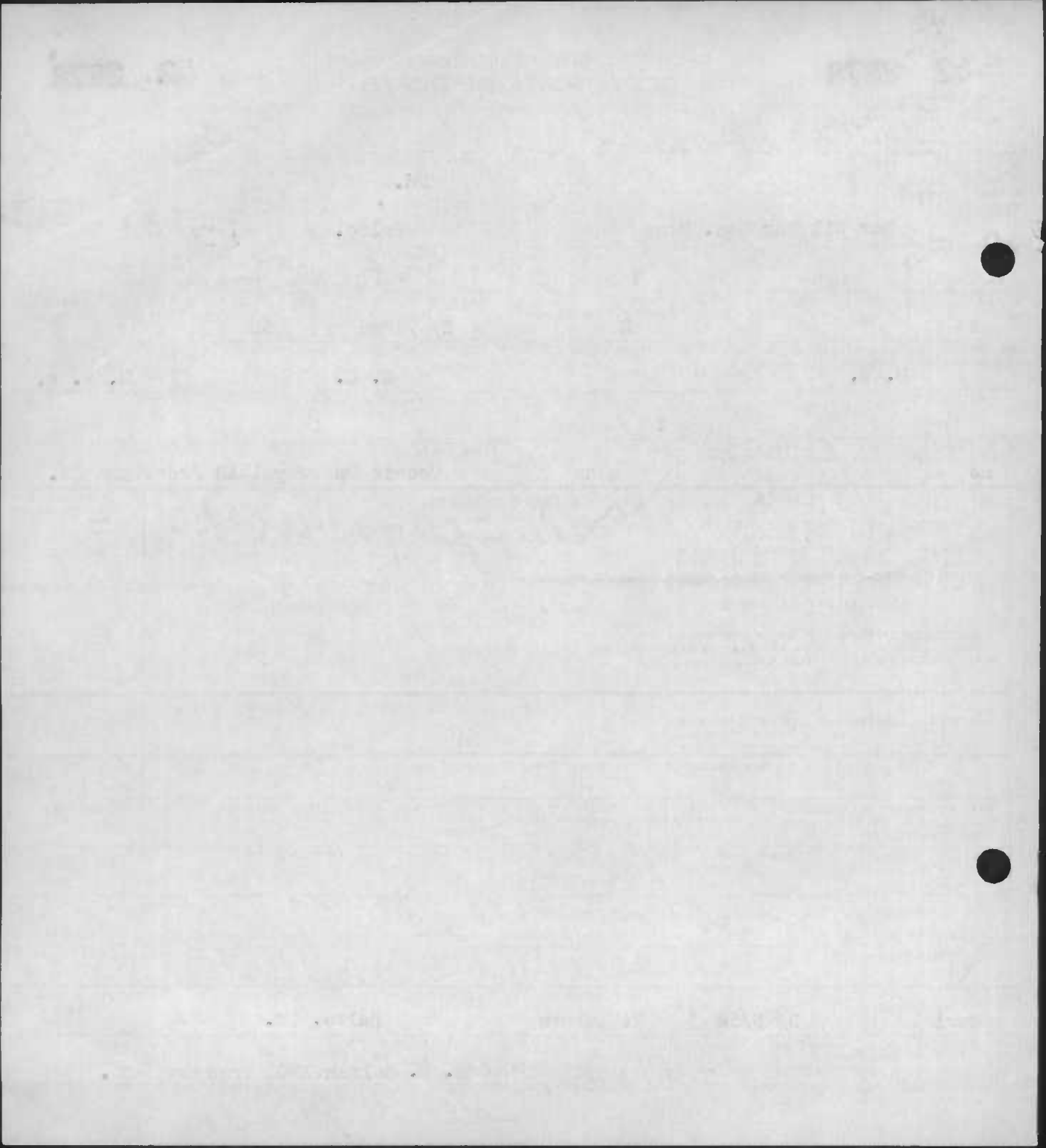
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mattie McField</i>			2. DATE OF DEATH <i>3/21-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bar Wil Bar Con. Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>15-01</i>		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1513 Presstman St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>3/ /1886</i>	9. AGE (in years last birthday) <i>65</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. W.</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>N. C.</i>
13. FATHER'S NAME <i>?</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
14. MOTHER'S MAIDEN NAME <i>?</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT ADDRESS <i>Deoria Onesby 1513 Presstman St.</i>		

18. <i>352X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemiplegia Rt (old)</i> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3/17</i> , 19 <i>52</i> , to <i>3/21</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/17</i> , 19 <i>52</i> , and that death occurred at <i>3a</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>R. Johnson</i>	23B. ADDRESS <i>403 Med Art St</i>	23C. DATE SIGNED <i>3-21-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/25/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	24D. LOCATION (City, town or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Geo. S. Nelson</i>	ADDRESS <i>1303 Presstman St.</i>
VS 150 <i>Geo. S. Nelson</i>			



325
52 2879

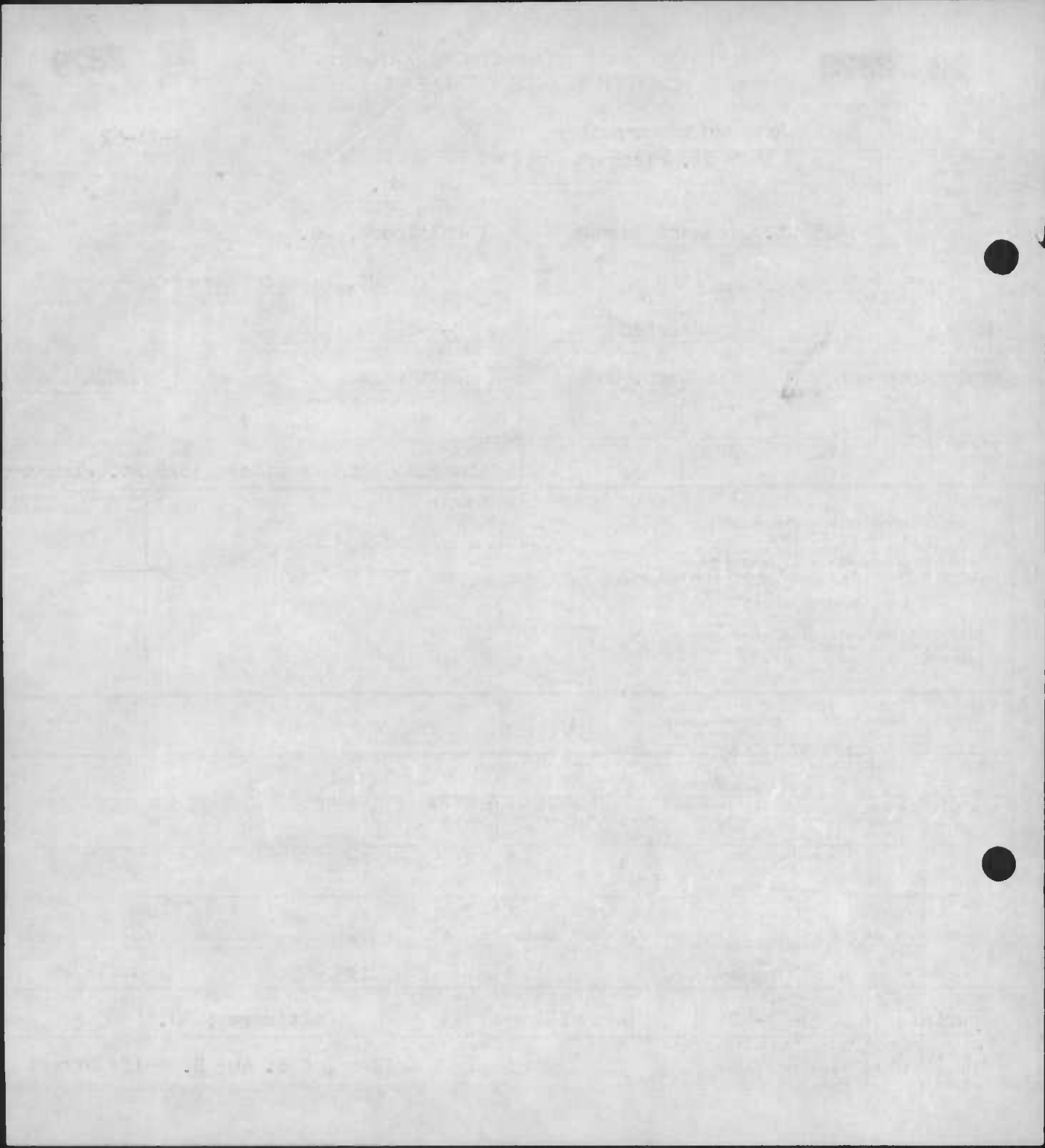
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2879
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John Kothchenreuther		2. DATE OF DEATH 3-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3815 Mt. Pleasant Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3815 Mt. Pleasant Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.			
D. STREET ADDRESS (If rural, give location) 3815 Mt. Pleasant Avenue		E. Yrs. Mos. Days			
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-2-64		9. AGE (in years last birthday) 78		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man		10B. KIND OF BUSINESS OR INDUSTRY Tin Deco. Co		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Catherine Kothchenreuther	
ADDRESS 3815 Mt. Pleasant					

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Smoking			

19A. DATE OF OPERATION 3/21/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1937 , to 3/21, 1952 , that I last saw the deceased alive on 3/11, 1952 , and that death occurred at 2:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John H. Gordon		23B. ADDRESS 3800 E. North Ave		23C. DATE SIGNED 3/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-25-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR 2471552		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.	
ADDRESS 403 S. Wolfe Street					



416
52 2880BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2880
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Richard Claiborne</i>		2. DATE OF DEATH <i>March 20/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>923 Shuter St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore T-04</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>923 Shuter St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 15/1882</i>	9. AGE (in years last birthday) <i>69</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John Claiborne</i>			
14. MOTHER'S MAIDEN NAME <i>Polly</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT, ADDRESS <i>Lottie Jennings</i>			

18. <i>420</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cowman's Thrombosis</i> DUE TO (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Hypertension</i> DUE TO (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>280</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/17</i> , 19 <i>52</i> , to <i>3/20</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/20</i> , 19 <i>52</i> , and that death occurred at <i>6:30 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. R. Lofgren</i>		23B. ADDRESS <i>822 N. Bond St.</i>		23C. DATE SIGNED <i>3/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 24/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wm. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>G.G. County Md.</i>		25. FUNERAL DIRECTOR <i>Wm. H. Williams</i>		25. ADDRESS <i>1129 N. Caroline St.</i>	

WATER



BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ANDREW		HOOD		2. DATE OF DEATH March 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Johns Hopkins Hospital				B. COUNTY Baltimore			
5. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. SEX male				D. STREET ADDRESS (If rural, give location) 1504 N. Bond Street			
7. COLOR OR RACE colored		8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. DATE OF BIRTH Sept 14, 1914		10. AGE (In years last birthday) 38	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		12. KIND OF BUSINESS OR INDUSTRY Baltimore Steel Co.		13. BIRTHPLACE (State or foreign country) Lancaster S. C.		14. CITIZEN OF WHAT COUNTRY?	
15. FATHER'S NAME John Hood				16. MOTHER'S MAIDEN NAME Avery Brown			
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.		19. INFORMANT Henrietta Hood		20. ADDRESS 1504 N Bond St	

<p>18. <u>E9845</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p>	<p>CAUSE OF DEATH (A) <u>Fracture of skull</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p><u>DUE TO</u> Intracranial hemorrhage (B) _____ DUE TO (C) _____</p>	
<hr/>		
<p>II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>alley</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Rear of 1049 N. Broadway</u> <u>714</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 7, 1952 (found)</u> m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Apparent fell and struck head</u>	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☒

23. SIGNATURE <i>Stanley H. Duncocker</i>		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23c. DATE SIGNED March 22, 1952
A. BURIAL. CREMA- N. REMOVAL (Specify)	24b. DATE <i>March 24/52</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
<i>Burial</i>			<i>Monroe</i>	<i>N.C</i>
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. H. H. G. Edwards</i>		ADDRESS <i>Durham</i>

MEDICAL CERTIFICATION

1830

90

1830

90

1830

90

CERTIFICATE CORRECTED 4/14/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2882

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Laure Mae Brown

2. DATE
OF
DEATH

3-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland **602 E. Madison St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

602 E. Madison St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 16, 1926

9. AGE (In years; last birthday)

25

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jessie Gary

14. MOTHER'S MAIDEN NAME

Freddie Ridley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

James L. Brown

ADDRESS

602 E. Madison St.

18. **019.2 1 002X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

M.iliary Tuberculosis of lungs

INTERVAL BETWEEN ONSET AND DEATH

2-11-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic Endocarditis

12-6-52

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-6-51**, to **3-19-52**, that I last saw the deceased alive on **3/19**, 19**52**, and that death occurred at **1030 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. O.

23B. ADDRESS

[Signature]

23C. DATE SIGNED

3/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-24-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. Co., Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Payser Sanders

ADDRESS

217 East

VS 150

Preston Street

MEDICAL CERTIFICATION

Case Card #00428

Records - Bureau of Tuberculosis, B. C. H. D.

53
52 2883BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2883
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Douglas FRANTZ

2. DATE
OF DEATH MAR 21 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR
INDUSTRY

Laundry

13. FATHER'S NAME

John P. Frantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lutherville

D. STREET ADDRESS (If rural, give location)

212 SCMINARY Ave.

8. DATE OF BIRTH

2-19-05

9. AGE (In years
last birthday)

47

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Louisa Denmead

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 007X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Advanced Pulmonary
Tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-1-52

19B. MAJOR FINDINGS OF OPERATION

Advanced Pulmonary Tuberculosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-1952 to 3-21-1952 that I last saw the
deceased alive on 3-21-1952 and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Gerome Harold Kay

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/24/52

24C. NAME OF CEMETERY OR CREMATORY

St. James Church Cem.

24D. LOCATION (City, town, or county)

Lutherville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE, MD.

VS 150

Specimen

Abnormal Papernay Tubercular

3-1-22

Specimen for analysis

3-22-22

532
52 2884BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2884

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY JANETZKE		2. DATE OF DEATH March 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Baltimore, 13			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore, 13			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3311 Elmley Ave.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 6, 1870	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Perceinger		14. MOTHER'S MAIDEN NAME Augusta Bewing	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT 3311 Elmley Avenue Mrs. Carrie B. Augsburg 13	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 352 X and E 903.0		CAUSE OF DEATH Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Great pt. hip DUE TO		CERTIFICATION APPROVED BY R. F. Fisher	
(B) pt. hip DUE TO		(C) pt. hip DUE TO		CHIEF OR ASST. MEDICAL EXAM. R. P. Rt. Paraplegia	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? 3311 Elmley Ave.	
21D. TIME (Month) (Day) (Year) (Hour) 1/10/52 p. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? slipped + fell 45 ft. down	
22. I hereby certify that I attended the deceased from Jan 10 , 19 52 , to March 22 , 19 52 , that I last saw the deceased alive on March 22 , 19 52 , and that death occurred at 2:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Moore		23B. ADDRESS University Hospital		23C. DATE SIGNED March 22, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/25/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		24F. REGISTRAR'S SIGNATURE Huntington, Williams, Md.	
24G. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24H. ADDRESS BALTO., MD.		24I. SIGNATURE Henry Sander	



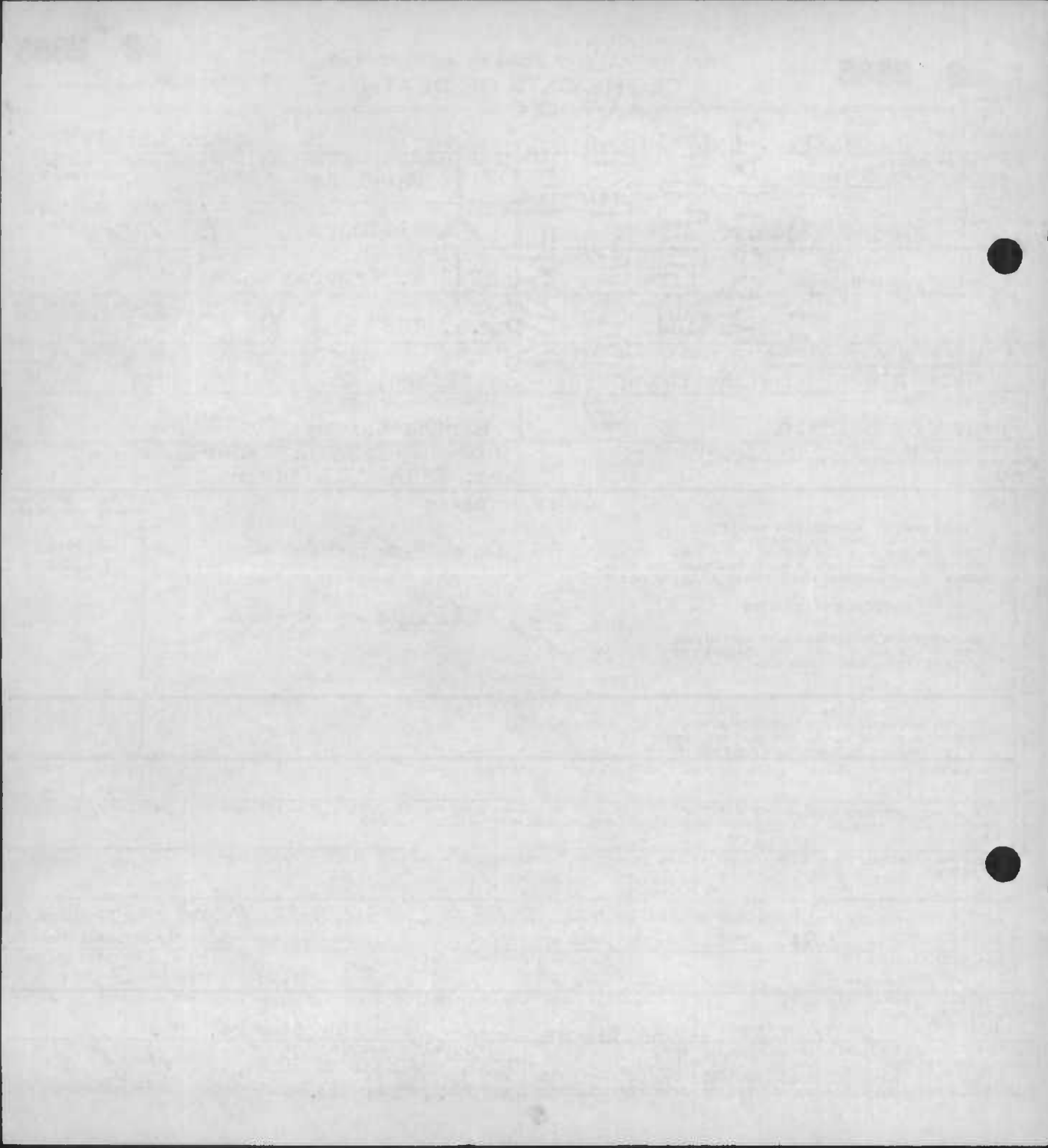
435
52 2885BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2885

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EDWARD W. BALDWIN		2. DATE OF DEATH Mar. 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1708 E. Federal Street		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1708 E. Federal Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Frederick Baldwin		14. MOTHER'S MAIDEN NAME Martha Varney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT 1708 E. Federal Street Mrs. Ella C. Baldwin	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6 mo 5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> m. NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/1/1950 to 3/21/1952 , that I last saw the deceased alive on 3/20/1952 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Mar. J. Sander		23B. ADDRESS 1737 E. North Ave		23C. DATE SIGNED 3/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/25/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
VS 150		BALTO., MD.		13, MD.	

51024



120

52 2886

CERTIFICATE CORRECTED

4-1-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 2886

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Neibich

RUTH B. NEIBICH

(Mrs. Wm)

2. DATE
OF
DEATH

3-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

9-06

D. STREET ADDRESS (If rural, give location)

1726 EAST 31st ST.

c. Length of stay in Baltimore

53

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 19, 1898

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES W. BERNDT

14. MOTHER'S MAIDEN NAME

ANNIE E. KOETNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1726 E. 31st. Street -18

Wm. N. Neibich

18.

170X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMA OF BREAST

DUE TO

C. Metastatic

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1952, to 3-23, 1952, that I last saw the
deceased alive on 3-23, 1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beech

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

3-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/25/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR.

REGISTRAR'S SIGNATURE

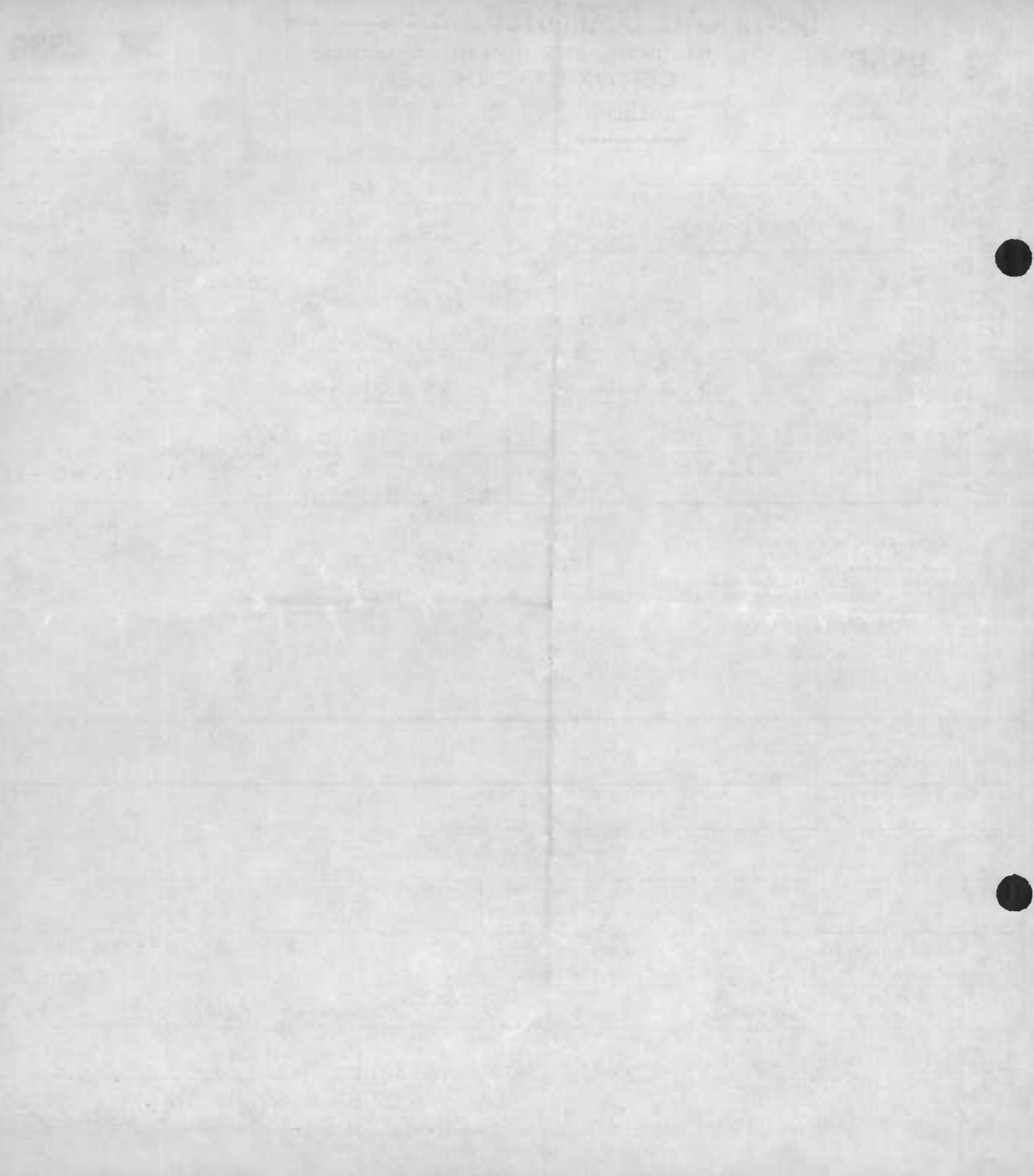
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 613, Md. Perry J. Sander



52 2887
 REA-157647
 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 2887
 Registered No.

1. NAME OF DECEASED (Type or Print) John T. Meeney		2. DATE OF DEATH March 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 803	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2642 E. Chase Street-13	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 80 1
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas		14. MOTHER'S MAIDEN NAME Jane Ormond	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rec'd: B. C. H.		ADDRESS 4940 Eastern Avenue	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION / 3-21-52		19B. MAJOR FINDINGS OF OPERATION Bilateral trephus for question of subdual hematoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-21 , 19 52 , to 3-21 , 19 52 , that I last saw the deceased alive on 3-21 , 19 52 , and that death occurred at 10:30 P. , from the causes and on the date stated above.				
23A. SIGNATURE J. D. O'Brien		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 25/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		25. FUNERAL DIRECTOR Huntington Williams, 2400 N. Biddle St.	

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523

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 2888
Registered No.52 2888
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

P.F.C. VINCENT C. WINGATE

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4940 Eastern Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONCITY HOSPITALS
Life

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and address of township)

Baltimore

D. STREET ADDRESS (If rural, give location)

442 S. Bonsal St.

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 20, 1932

9. AGE (in year
last birthday)

19

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Soldier Marine

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Marine Corps.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY
U.S.A.

13. FATHER'S NAME

Vincent J. Wingate

14. MOTHER'S MAIDEN NAME

Sadye Zeigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

At Present

16. SOCIAL
SECURITY NO.
215-28-7796

17. INFORMANT

ADDRESS

Mrs. Sadye Payne (Mother) 442 S. Bonsal St.

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fracture of Skull

DUE TO

Maceration of Brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Pyelonephritis

DUE TO

(C)

Bronchopneumonia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

North Point Road + Hayfield Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb 13, 1952

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driving car in
auto into auto collision22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cemetery 5501 Frederick Ave.

24D. LOCATION (City, town, or county)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles J. Zeigler 901 S. Conkling St.

V S 151

N-83.7

59591

MEDICAL CERTIFICATION

Called Morque for correct address of accident - 27-2-M. mapach

424
52 2889BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2889
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline Schloegel

2. DATE
OF
DEATH

March-24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mohawk Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Anderson Nursing Home

C. Length of stay in Baltimore

probably 1 hr.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

about 1870

9. AGE (in years,
last birthday)

82

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Rev. Carl W. Schloegel

14. MOTHER'S MAIDEN NAME

Christiana Fleckenstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mr. Harry B. Kerr, Fidelity Bldg. City

ADDRESS

INTERVAL BETWEEN
ONSET AND DEATH

18. 4200

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

Broncho - Pneumonia

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

- Arterio - Sclerotic Heart
Disease - (Intenal Stenosis)

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

(C) ...

Generalized Arterio - Sclerosis

5 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1952, to March 24, 1952, that I last saw the
deceased alive on March 23, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Carl L. Chamberlain

M. D.

23B. ADDRESS

4108 Liberty Hts.

23C. DATE SIGNED

3/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar/26/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Ceme.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stewart & Brown Co., 108 W. North Ave.

ADDRESS

City #1.

1925

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1925



363
52 2890BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2890

BIRTH NO. 51-21067

1. NAME OF DECEASED (Type or Print) RONALD STEWART		2. DATE OF DEATH 3-22-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Harriet Lane		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write R.U.I.A. and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 449 E. Rawale Ave	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 10, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	
13. FATHER'S NAME Henry P. Stewart		14. MOTHER'S MAIDEN NAME Ellen Stewart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. **490X** I **1** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **total pneumonia** DUE TO

INTERVAL BETWEEN ONSET AND DEATH **1 week**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **static quadriplegia**

life

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-22, 1952**, to **3-22, 1952**, that I last saw the deceased alive on **3-22, 1952**, and that death occurred at **11:10 AM.**, from the causes and on the date stated above.

23A. SIGNATURE **Robert C. Appleby** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **0-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **3/24/51** 24C. NAME OF CEMETERY OR CREMATORY **mt clemens** 24D. LOCATION (City, town, or county) (State) **Brooklyn Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 24 1952** REGISTRAR'S SIGNATURE **Huntington Wilson** 25. FUNERAL DIRECTOR **Chas. Wilson** ADDRESS **1000 Buntly Way**

[Faint, illegible handwriting on lined paper]

308
52 2891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2891

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEONARD WYATT			2. DATE OF DEATH March 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-00		
c. Length of stay in Baltimore 25 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1108 E. Pratt Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept-24-1924 27		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			9. AGE (In years last birthday) 27		
10B. KIND OF BUSINESS OR INDUSTRY In General			11. BIRTHPLACE (State or foreign country) Petersburg Va.		
13. FATHER'S NAME Ernest Wyatt			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Margaret Wayett		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Margaret Wyatt 212 Dallas Ct		

18. E983 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple contusions, abrasions, and lacerations with necrosis of muscles of left arm ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Thrombophlebitis of left arm Pulmonary embolism Lower nephron nephrosis	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Yard at 1108 E. Pratt Street
21D. TIME (Month) (Day) (Year) (Hour) of Injury March 19, 1952 8:30 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Beaten with a lead pipe

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE Stanley K. Dunbar	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED March 21, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/24/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR ADDRESS 1000 Bently Way

DATE RECEIVED BY LOCAL REGISTRAR
MAR 24 1952REGISTRAR'S SIGNATURE
Huntington Williams

1881

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1881

260
2892BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2892
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE WM BECHER		2. DATE OF DEATH MARCH 22, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE CITY		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY 16-04	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1814 W. LAFAYETTE AVE		c. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) BALTIMORE MD	
c. Length of stay in Baltimore 76 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1814 W LAFAYETTE AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-6-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY COMPOSITOR	9. AGE (in years last birthday) 76
11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME ERNEST BECHER		14. MOTHER'S MAIDEN NAME MAGDAHINE SCHAADT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. 705-05-6731	
17. INFORMANT MARGARET BECHER-1814 W LAFAYETTE		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (HISTORY) DUE TO Arteriosclerotic Heart Disease (HISTORY) INTERVAL BETWEEN ONSET AND DEATH 30 min ± 3 yrs. + ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 3-25-52		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Not attended until death.	
22. I hereby certify that I attended the deceased from 19 , to Mar. 22, 1952 , that I last saw the deceased alive on 19 , and that death occurred at 11:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Robert W. Garis		23b. ADDRESS 1103 St. Paul St.	
23c. DATE SIGNED 3/24/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-25-52	
24c. NAME OF CEMETERY OR CREMATORY HOWDON PARK		24d. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Walliquis	
25. FUNERAL DIRECTOR Edmundson		ADDRESS 2327 Car	
VS 150 Patient seen 2 wks before death by Dr. Robert Silver 512 41M			

MEDICAL CERTIFICATION

U. S. DEPT. OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION

AND IS NOT TO BE USED FOR ANY OTHER PURPOSE

THE INFORMATION IS FOR YOUR INFORMATION

AND IS NOT TO BE USED FOR ANY OTHER PURPOSE

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160
2 2893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2893

1. NAME OF DECEASED (Type or Print) <i>Lulu V. Beaver</i>		2. DATE OF DEATH <i>Mar. 22-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3207 Evergreen Ave</i>		C. CITY OR TOWN (If outside corporate limits, write R.F.D. No. and give township) <i>Baltimore CT-4</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3207 Evergreen Ave</i>	
6. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb 20-1878</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>74</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William E. Hill</i>		14. MOTHER'S MAIDEN NAME <i>Mary Parker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mr. Horace Hill</i>
		ADDRESS	

18. <i>170 x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Breast</i> DUE TO <i>Melanoma in lungs.</i>	CAUSE OF DEATH <i>Carcinoma of Breast</i> (A) <i>Melanoma in lungs.</i> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Nov. 22, 1951*, to *March 22, 1952*, that I last saw the deceased alive on *March 22, 1952*, and that death occurred at *6 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Jacob Fisher</i>	23B. ADDRESS <i>3422 Belair Rd.</i>	23C. DATE SIGNED <i>3/24/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/1/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	24D. LOCATION (City, town, or county) (State) <i>Bald Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i>
		ADDRESS <i>5305 Maryland</i>	

Dr. Fisher
3422 Belair Rd

Dr. Fisher
3422 Belair Rd

400
52 2894
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2894

1. NAME OF DECEASED (Type or Print) <i>William Riehl</i>			2. DATE OF DEATH <i>3-23-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-03</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3109 Rueckert Ave #14</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 30-1877</i>		9. AGE (In years last birthday) <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Baker</i>			11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Adolph Riehl</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Matilda Riehl</i>			ADDRESS <i>same</i>		

18. <i>420</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3-23-1952* to *3-23-1952*, that I last saw the deceased alive on *3-23-1952*, and that death occurred at *7 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Charles Bakhow</i>	23B. ADDRESS <i>Maryland General Hospital</i>	23C. DATE SIGNED <i>3/28/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/27/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>5305 Hayford Rd</i>

VS 150

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MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2895**

52 2895

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Moore James		2. DATE OF DEATH 3-24-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Franklin Sq. Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06	
5. LENGTH OF STAY IN BALTIMORE all life		D. STREET ADDRESS (If rural, give location) 2818 W. Lanvale St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10/6/1902
			9. AGE (In years last birthday) 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William R. Moore		14. MOTHER'S MAIDEN NAME Stokes, Lanning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret A. Moore		ADDRESS 2818 W. Lanvale St.	

18. 420 1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis due to arterio-sclerosis DUE TO sclerosis (B) Hypertensive cardiovascular disease. DUE TO disease. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-21-52 19 52 , to 3-24 , 19 52 that I last saw the deceased alive on 3-24 , 19 52 , and that death occurred at 1 A m., from the causes and on the date stated above.					
23A. SIGNATURE Justin Kuderhew		23B. ADDRESS Franklin Sq. Hospital		23C. DATE SIGNED 3-24-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/27/52		24C. NAME OF CEMETERY OR CREMATORY Good Shepherd	
				24D. LOCATION (City, town, or county) (State) Edicott City, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 2 Mrs. Cook, Inc., 1217 E. Paul St.	

VS 150

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MEDICAL CERTIFICATION

18 5202

CERTIFICATE OF DEATH

18 5202

530
52 2896BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2896

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Anna M. Bennett</i>	
2. DATE OF DEATH <i>3-21-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>	
6. CITY OR TOWN (If outside corporate limits, write R.R. No. 1 and give township) <i>Baltimore - 13</i>	
7. STREET ADDRESS (If rural, give location) <i>2868 Pelham Ave.</i>	
8. Length of stay in Baltimore <i>61 Yrs. Mos. Days</i>	
9. SEX <i>female</i>	
10. COLOR OR RACE <i>white</i>	
11. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	
12. DATE OF BIRTH <i>1890 Apr. 22.</i>	
13. AGE (In years last birthday) <i>61</i>	
14. If Under 1 Year Months: Days	
15. If Under 24 Hours Hours: Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	
17. KIND OF BUSINESS OR INDUSTRY	
18. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
19. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
20. FATHER'S NAME <i>Charles Gruber</i>	
21. MOTHER'S MAIDEN NAME <i>Sarah Eisinger</i>	
22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	
23. SOCIAL SECURITY NO.	
24. INFORMANT <i>Pt.</i>	
25. ADDRESS	
18. <i>153X</i> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CA Cecum</i>	
DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>3-19-52</i>	
19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma Cecum</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-17, 1952</i> to <i>3-21, 1952</i> , that I last saw the deceased alive on <i>3-21, 1952</i> , and that death occurred at <i>9 p m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>H. K. Skipton</i>	
23B. ADDRESS <i>University Hosp</i>	
23C. DATE SIGNED <i>3-21-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>3-25-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Fredrick Av. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1952</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Mildred J. Blight</i>	
ADDRESS <i>6009 Harford Rd</i>	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2897**

BIRTH NO. 325 2897		1. NAME OF DECEASED (Type or Print) JOHANNA FITZNER		2. DATE OF DEATH Mar. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3515 W. Garrison Ave.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Balto.		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3515 W. Garrison Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		B. DATE OF BIRTH June 11, 1881	9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Leopold Schaewel			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mr. Walter K. Fitzner - 118 Dumbarton Rd.			ADDRESS		

1B. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriosclerotic Heart Disease		DUE TO		8 years	
ANTECEDENT CAUSES		(B) Senescent Arteriosclerosis		15 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **August 21, 1944** to **March 22, 1952**, that I last saw the deceased alive on **March 22, 1952**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Albert J. Schoch		23B. ADDRESS 2302 Edmonston Ave		23C. DATE SIGNED 3/24/52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/25/52		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR'S ADDRESS Wm. G. Tichenor & Sons Balto 17, Md.	
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MEDICAL CERTIFICATION

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RECEIVED

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2898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2898

1. NAME OF DECEASED (Type or Print) EMMA B. MYERS			2. DATE OF DEATH 3/23/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY 27-17		
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp. of Mo.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
6. Length of stay in Baltimore 62			D. STREET ADDRESS (If rural, give location) 2731 CYLBURN AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 12, 1889		9. AGE (in years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.			10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME ?		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		
16. SOCIAL SECURITY NO. -			17. INFORMANT NORA BURGESS		
18. ADDRESS (SAME)			19. ADDRESS (SAME)		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH 2 HRS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MYOCARDIAL INFARCTION & HEART FAILURE		3 DAYS
(C) HYPERTENSIVE CARDIO-VASC. DISEASE		9 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS		10 YRS.

19A. DATE OF OPERATION 3/17		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/17 19 52 , to 3/23 19 52 , that I last saw the deceased alive on 3/23 19 52 , and that death occurred at 4:00 P. m., from the causes and on the date stated above.					
23A. SIGNATURE E. Q. Alttham		23B. ADDRESS Lithuan Hosp.		23C. DATE SIGNED 3/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn Md.		24E. NAME OF CEMETERY OR CREMATORY Woodlawn Md.		24F. LOCATION (City, town, or county) (State) Woodlawn Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Paul E. Schenck	
ADDRESS 3615-12 Chestnut Ave.					

400
52 2899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2899

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GLADYS M BULL		3/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3406 Beech Ave.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Balto 13-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3406 Beech Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 3, 1903	9. AGE (in years last birthday) 48	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY? ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT John L. Bull 3406 Beech Ave.	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1939, to 3-20, 1952 that I last saw the deceased alive on 3-20, 1952 and that death occurred at 11:30 P. from the causes and on the date stated above.					
23A. SIGNATURE O. Ewald		23B. ADDRESS M. D. 36 York Ct.		23C. DATE SIGNED 3/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/52		24C. NAME OF CEMETERY OR CREMATORY Pine Grove	
24D. LOCATION (City, town, or county) Balto		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 3615-17 Chestnut Ave	

De August Lucab.

36 York Court.

242

2 2900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2900

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>John Bakalik</i>			2. DATE OF DEATH <i>3/23/52 9:15 a.m.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1516 Locust st</i>			C. CITY OR TOWN <i>Balto.</i> D. STREET ADDRESS (If rural, give location) <i>1516 Locust st.</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____					
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 1871</i>		9. AGE (in years, last birthday) <i>81</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Steel Mill</i>	11. BIRTHPLACE (State or foreign country) <i>Austria</i>		12. CITIZEN OF WHAT COUNTRY? <i>not naturalized</i>
13. FATHER'S NAME <i>(Unknown) Bakalik</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Thomas Bakalik 3533 Toppa Rd.</i>		
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension C.V.D., severe</i> DUE TO <i>Coronary failure</i> DUE TO <i>Coronary failure</i> DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>July</i> , 19 <i>50</i> , to <i>present</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>21st</i> <i>March</i> , 19 <i>52</i> , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Cohen</i>		23B. ADDRESS <i>803 Cathlamet St.</i>		23C. DATE SIGNED <i>3/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/25/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	
24D. LOCATION (City, town, or county) <i>a.a.co. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 102 Cook Inc. 1217 St. Paul st.</i>			

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CONGRESS
LIBRARY
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300
2901BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2901

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY RADA			2. DATE OF DEATH March 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 5		
C. Length of stay in Baltimore 52			D. STREET ADDRESS (If rural, give location) 1019 N. Castle St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-12-1878	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Czechoslovakia		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME VACLAV CHLAN		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			15. SOCIAL SECURITY NO. NONE		
16. INFORMANT JOSEPH RADA			17. ADDRESS 1019 N. CASTLE ST		

18. 585X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lower nephron nephrosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Peripheral vascular collapse. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute cholecystitis with perforation and bile peritonitis	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 20, 1952**, to **March 21, 1952**, that I last saw the deceased alive on **March 21, 1952**, and that death occurred at **8:23P m.**, from the causes and on the date stated above.

23A. SIGNATURE Joseph Krejci	23B. ADDRESS 1400 N. Caroline St.	23C. DATE SIGNED March 21/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-25-1952	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR FRANK C. KACHA SON, 900 N. CHESTER ST	ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2902**

162
Birth No. **2902**

1. NAME OF DECEASED (Type or Print) LUTHER G. UPPERCUE (George L)			2. DATE OF DEATH March 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 16-05		
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2872 W. Lanvale Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1888		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklaying		10b. KIND OF BUSINESS OR INDUSTRY Bricklayer's	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Uppercue			14. MOTHER'S MAIDEN NAME Louise Eckstien		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-07-2278	17. INFORMANT ADDRESS Mrs. Nellie Uppercue 2872 Lanvale		

18. E973.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Carbon Monoxide Poisoning DUE TO CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) garage	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) garage # 21 in rear of 926 Popular Grove		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/23/52 4:30 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? of car hose ran from exhaust pipe to inside		
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE <i>R. F. Fisher</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23c. DATE SIGNED 3/24/52	

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE March 27/52	24c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery	24d. LOCATION (City, town, or county) (State) Westminister, Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR ADDRESS 2700 Edmondson	

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MEDICAL CERTIFICATION

Correct age is 65 years

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52 2903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2903

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mark Kirk

2. DATE
OF
DEATH

Mar 24 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

W. Va.

B. COUNTY

Y-45

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Kermit

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Esophagus

1 ± year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Essential Hypertension -

1 ± year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13-1952 to 3-24-1952 that I last saw the
deceased alive on 3-24-1952 and that death occurred at 7:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAR 25 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

05584 403-6-25th St
Baltimore - 18 - Md.

MEDICAL CERTIFICATION

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152
52 2904BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2904

1. NAME OF DECEASED (Type or Print) George H. Robinson			2. DATE OF DEATH 3/21/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1722 Jackson St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-04		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1722 Jackson St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1878	9. AGE (In years last birthday) 75	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Anne Arundel Co., Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Robinson			14. MOTHER'S MAIDEN NAME Barbara Collins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Geo. E. Robinson 211 Hillcrest		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cerebral Thrombosis DUE TO (B) Arterio-Sclerotic C.V. Disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 4 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1952, to March 21, 1952, that I last saw the deceased alive on March 20, 1952, and that death occurred at 6:4 m., from the causes and on the date stated above.					
23A. SIGNATURE H. L. Sullivan		23B. ADDRESS 330 Patuxent Ave M. O.		23C. DATE SIGNED 3/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/25/52		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) Ritchie Highway		25. FUNERAL DIRECTOR ADDRESS Denny, Inc. 715 Light St.			

VS 150

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THE UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

G. L. Paulin

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320 Rotapen 7

CERTIFICATE CORRECTED 4-21-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

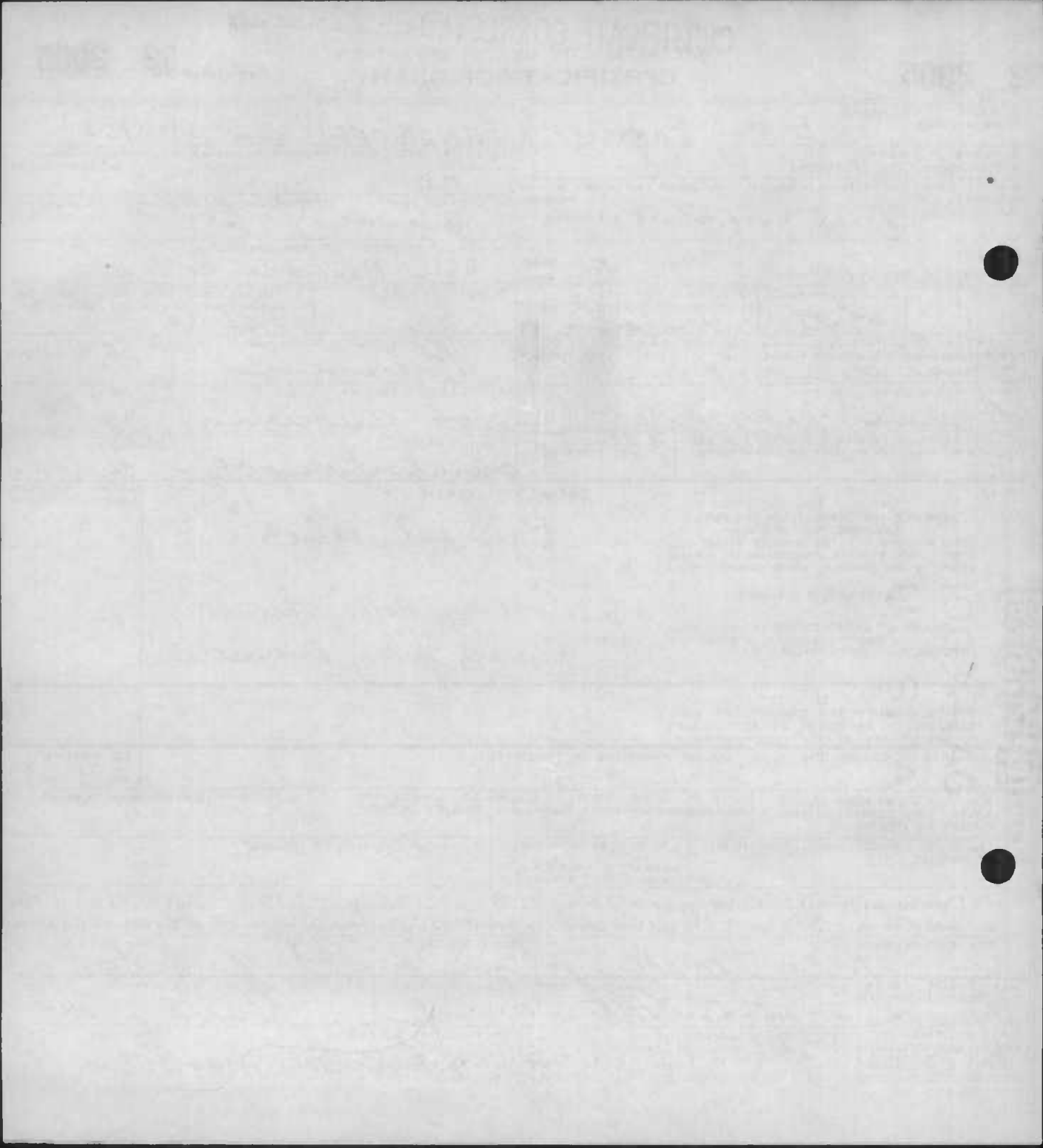
Registered No. **52 2905**

561
2 2905
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ETHEL FANAROFF (FANAROFF)			2. DATE OF DEATH 3/23/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital of Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4616 Manordeen Rd. #29			E. LENGTH OF STAY IN BALTIMORE 50 Yrs. <input checked="" type="checkbox"/> Months <input type="checkbox"/> Days		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	B. DATE OF BIRTH		9. AGE (In years last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Hyman Meyer Podell			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Sarah Fanaroff - Lane

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Myocardial Infarction			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Coronary Artery Thrombosis			
		DUE TO			
		(C) Coronary Artery Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/17 , 19 52 to 3/23 , 19 52 , that I last saw the deceased alive on 3/23 , 19 52 , and that death occurred at 12:55 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Max J. Miller M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 3/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-25-52		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto, Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams & Co. 2100 Cutaw Pl			
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52** 2906

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS KLEIN

2. DATE
OF
DEATH

March 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

600 N. Carrollton Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Conf. Store

13. FATHER'S NAME

Not Known

8. DATE OF BIRTH

70

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Faga

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Benjamin Klein - 5820 E. Dethlefs

18. **E812.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Crushing injury of the chest**

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fractures of both legs.**

DOE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
800 block of Belvedere Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
3/24/52 1:40 a. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
3/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-25-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952

Huntington Williams, Jr.

John Lubick 2100 Canton Rd

V S 151

N862.2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2907

52 2907
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Annie Louise Sellers

2. DATE
OF
DEATH

3/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR INSTITUTION General German Aged Peoples Home, 22 S. Athol Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

Yrs.
Mos.
Days

8. DATE OF BIRTH

April 21, 1857

9. AGE (In years
last birthday)

94

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl Brinkmeyer

14. MOTHER'S MAIDEN NAME

Louise von Halem

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. Fredericka, 22 S. Athol Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, assthonia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Myocardial

DUE TO

(C) Degenerative & hypertrophy

Senility

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to 22 March, 1952, that I last saw the
deceased alive on 22 March, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial March 25/52 Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952 Huntington Willigues, M.D. Harry R. Witzke 4101 Edmondson Ave

1907

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636
52 2908BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2908
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Edwin Carter

2. DATE
OF
DEATH

March 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

126 N. Hilton St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

126 N. Hilton St

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1882

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Master Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Linen Tread Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

----Carter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215 01 4884

17. INFORMANT

ADDRESS

Mrs. Rosalie Carter, 126 N. HILTON St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral Thrombosis
Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1952, to March 24, 1952, that I last saw the deceased alive on March 23, 1952, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Milton Liscovide M. D.

23B. ADDRESS

1429 W 7th St

23C. DATE SIGNED

3/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 26/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952

Huntington Williams

4101 Edmondson Ave

H. H. H. H.

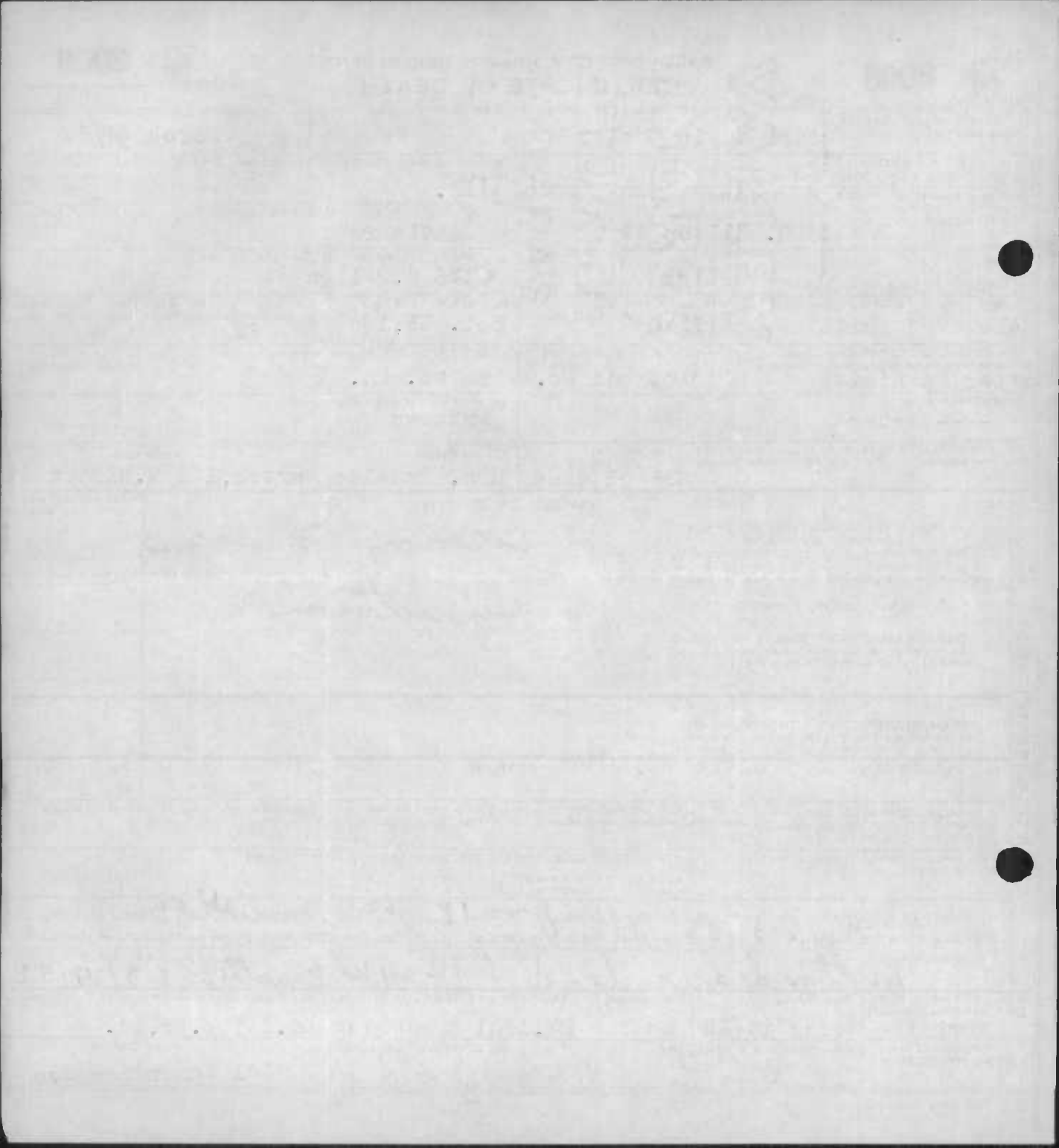
H. H. H. H.

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H. H. H. H.



616
52 2909BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2909

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY J. GREAVER

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

S. Balt. General

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND ANNE ARUNDEL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

ARUNDEL GARDENS

D. STREET ADDRESS (If rural, give location)

5224 4th St

Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

FRANK J. Mc QUOID

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM. J. GREAVER 5224 4th St.

18. 560.11 and E 950.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subcutaneous and mediastinal emphysema

-DUE TO-

ANTECEDENT CAUSES

Distention of stomach by gas, with
perforation of gastric wallDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

March 22, 1952

Diaphragmatic hernia

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

hospital

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

South Baltimore General Hospital 2413

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

March 22, 1952 2:50 P.M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Connected oxygen
tank to stomach tube by error22. I certify that I took charge of the remains described above, held an Autopsy and Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley K. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER23C. DATE SIGNED
March 23, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952

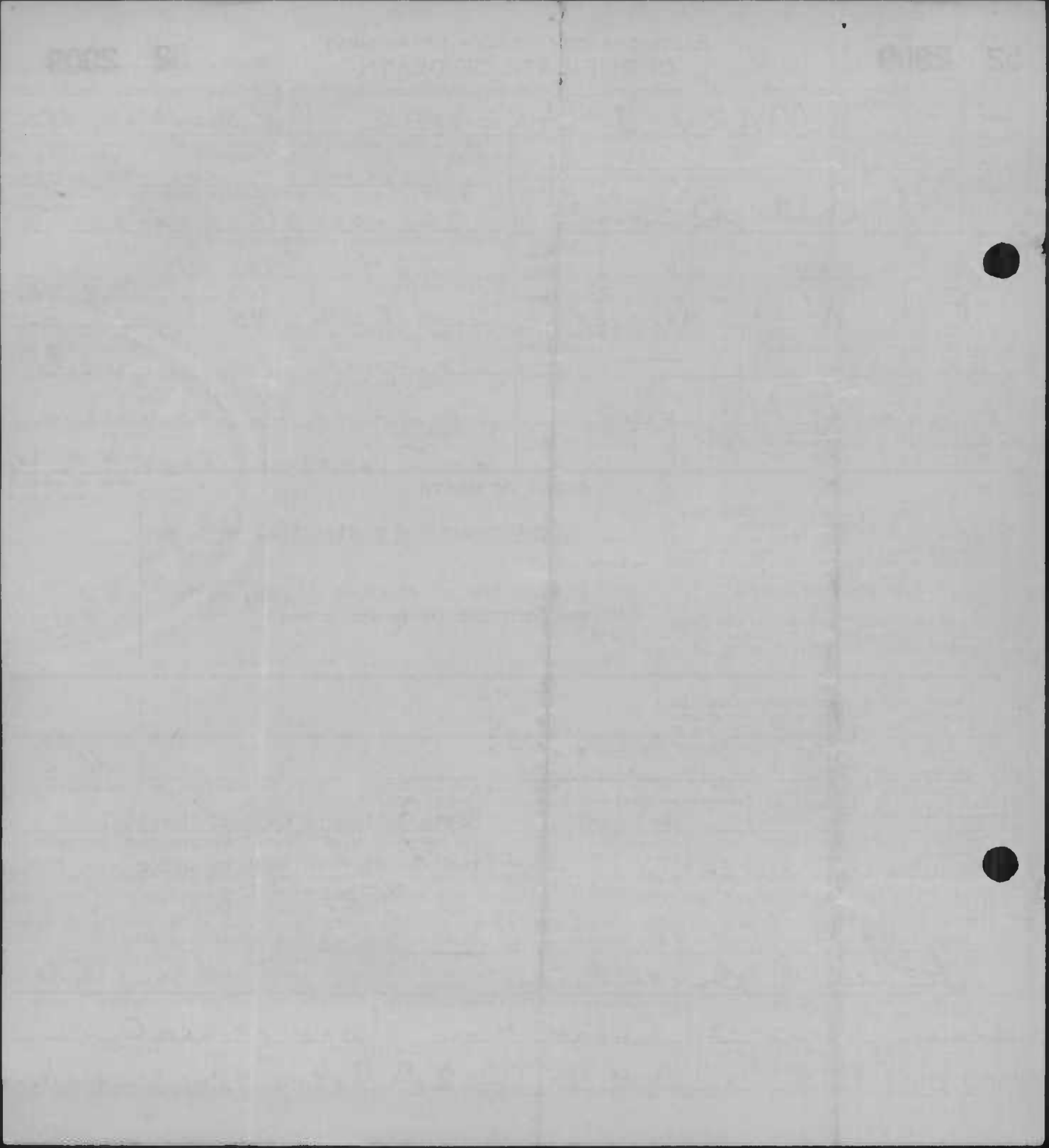
Huntington Williams, M.D.

Gonzalez & Lyons 400, Ritchie Hwy

VS 151

N-999.0

MEDICAL CERTIFICATION



520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52, 2910

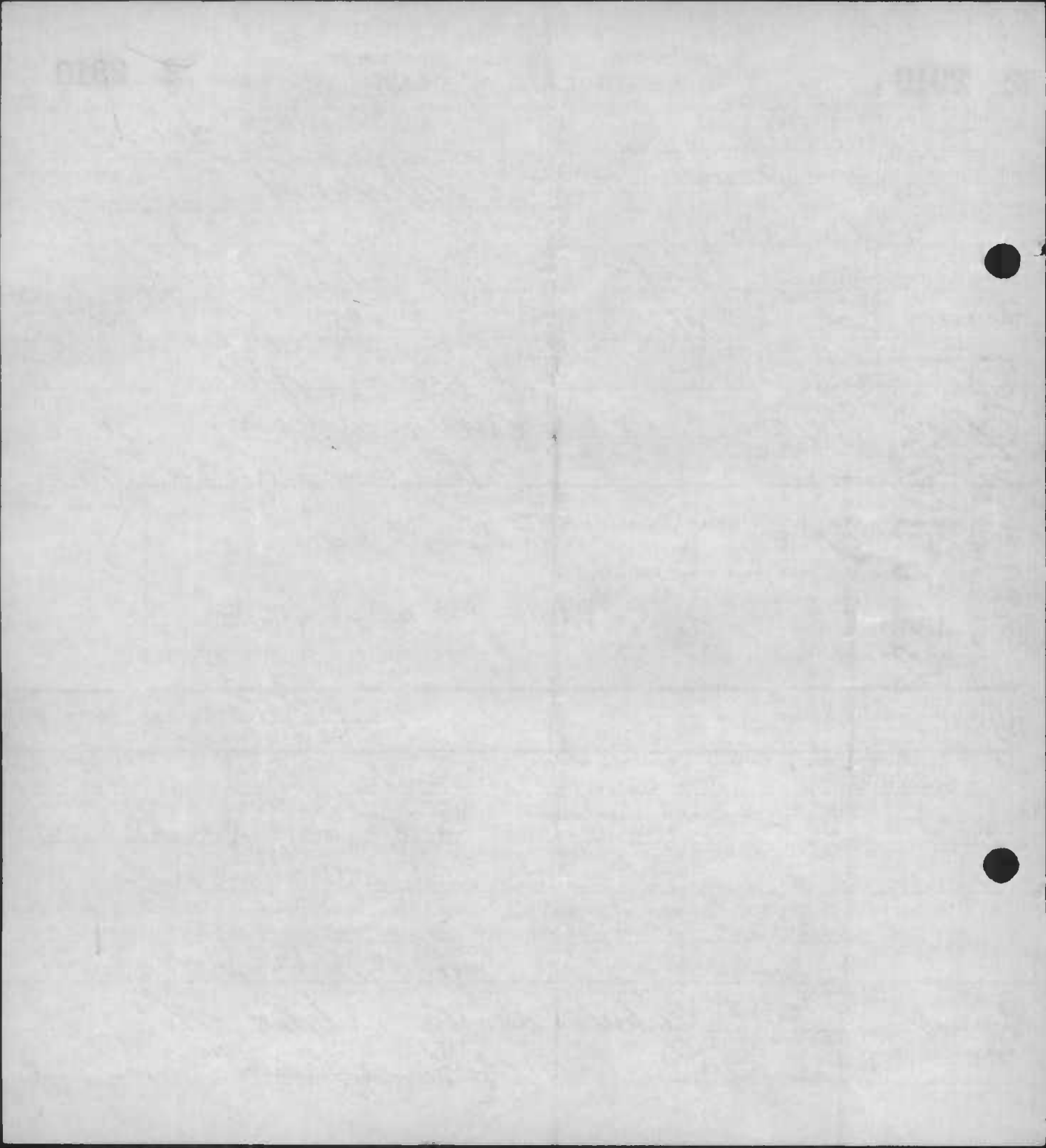
52, 2910

1. NAME OF DECEASED (Type or Print) DIANE Thomas		2. DATE OF DEATH 3/21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hosp.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1212 Druid Hill Ave.	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 3-23-43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) 8
13. FATHER'S NAME Arthur Thomas		14. MOTHER'S MAIDEN NAME Annie Jackson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT Arthur Thomas		ADDRESS 1212 Druid Hill Ave.	
18. E 910.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Embolism (?)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Post-op - Intra medullary neurin		CERTIFICATION APPROVED BY C. S. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			
19A. DATE OF OPERATION 3/21/52		19B. MAJOR FINDINGS OF OPERATION Non-union left femur	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. TIME (Month) (Day) (Year) (Hour) INJURY 10/19/51		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21D. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1212 Druid Hill Ave.		21F. HOW DID INJURY OCCUR? Brick Wall fell on head	
22. I hereby certify that I attended the deceased from 10-19 , 19 51 , to 3-21 , 19 52 , that I last saw the deceased alive on 3/21/52 and that death occurred at — m., from the causes and on the date stated above.			
23A. SIGNATURE John King		23B. ADDRESS Provident Hosp	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/52	
24C. NAME OF CEMETERY OR CREMATORY Arbutus Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952		25. FUNERAL DIRECTOR Huntington Williams	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 916 Penna ave	

VS 150

N 820.1

MEDICAL CERTIFICATION



416
52 2911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2911

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Harcourt Taliaferro

2. DATE
OF
DEATH

3/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

506 W. Allegany Ave

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/21/1886

9. AGE (in years last birthday)

66

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance State Employment Service

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Felix T. Taliaferro

14. MOTHER'S MAIDEN NAME

Annie Penny

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Agnes Taliaferro

ADDRESS

18. 610X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Benign Prostatic Hypertrophy & Bilateral Hydronephrosis and Nephrosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5/52, 19, to 3/24/52, 19, that I last saw the deceased alive on 3/23/52, 19, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

23B. ADDRESS

Union Memorial Hosp., Balto.

23C. DATE SIGNED

3/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Balto. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John Barnes' Sons, Towson, Md.

ADDRESS

112

RECEIVED

112

215
52 2912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2912
Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH WATSON FOSBENNER			2. DATE OF DEATH Mar. 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 12-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1630 N. Calvert St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1630 N. Calvert St.			E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 18, 1878	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY wholesale Candies		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME William G. Fosbenner		
14. MOTHER'S MAIDEN NAME Kate Sheubrook			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Marie J. Fosbenner - 1630 N. Calvert		

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congestive Heart Failure DUE TO Myocarditis (B) Atherosclerosis DUE TO Hypertension (C) _____ INTERVAL BETWEEN ONSET AND DEATH 2 mks Gradual	19. DATE OF OPERATION	19A. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1952 to Mar 23, 1952 that I last saw the deceased alive on 3/22 , 1952, and that death occurred at 11:48 a.m. from the causes and on the date stated above.					
23A. SIGNATURE M. H. Hoady		23B. ADDRESS 1403 Park Ave.		23C. DATE SIGNED 3/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	
24D. LOCATION (City, town, or county) Balt., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952			
24F. REGISTRAR'S SIGNATURE Huntington Williams		24G. FUNERAL DIRECTOR'S ADDRESS Wm. J. Jickner & Sons 49063 Balto., Md.			

MEDICAL CERTIFICATION

3228

RECEIVED

1914

OFFICE OF THE SECRETARY

DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

TO THE SECRETARY

FROM THE

COMMISSIONER OF THE

GENERAL LAND OFFICE

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2913

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE L. SLEE

2. DATE
OF
DEATH

Mar. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4220 Vermont Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4220 Vermont Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 27, 1855

9. AGE (In years
last birthday)

96

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Price

14. MOTHER'S MAIDEN NAME

Justina Willerd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Jessie Slee - 4220 Vermont Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

coronary occlusion

2 Hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic cardiovascular Dis.

unknown

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pernicious Anemia

7 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1945, to March 22, 1952, that I last saw the
deceased alive on 3-20-52, 19, and that death occurred at 8-12 m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Raesin

M. D.

23B. ADDRESS

206 S. Gilmer St.

23C. DATE SIGNED

3-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/52

24C. NAME OF CEMETERY OR CREMATORY

Spesutia Cem.

24D. LOCATION (City, town, or county)

Perryman, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2914**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLEMENT E. KRUGER

2. DATE OF DEATH **March 22, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Marine Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
5204 Powhatan Avenue

Length of stay in Baltimore

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Aug 28, 1928** 9. AGE (In years last birthday) **23** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Discharged Soldier's Army** 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Balto Md** 12. CITIZEN OF WHAT COUNTRY? ☒ U.S.

13. FATHER'S NAME **ROBERT A. KRUGER**

14. MOTHER'S MAIDEN NAME **Ann M. Murphy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **yes** 16. SOCIAL SECURITY NO. **3-75-1928-2-27-270-20-8899**

17. INFORMANT **ANN M. KRUGER** ADDRESS **5204 Powhatan Ave**

18. **E19.4**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of neck with compression**
due to of cervical spinal cord

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

due to

(B) **Bronchopneumonia, right lower lobe**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Purnell Drive (Druid Hill Park)**

21D. TIME (Month) (Day) (Year) (Hour) of INJURY **March 14, 1952 8:20 P. M.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? **Driving car and struck fence on west side.**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley B. Dunaway M.D.**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 23, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **3-27-52**

24C. NAME OF CEMETERY OR CREMATORY **New Cathedral**

24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 25 1952**

REGISTRAR'S SIGNATURE **Huntington Williams**

25. FUNERAL DIRECTOR **W. B. M. Walter**

ADDRESS **W. B. M. Walter**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1008 84

UNITED STATES DEPARTMENT OF AGRICULTURE

1008



530
52 2915BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2915

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph John Smith

2. DATE
OF
DEATH

March 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

125 N. Glover St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

125 N. Glover St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/26/1885

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired (Cabinet Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Smith

14. MOTHER'S MAIDEN NAME

? ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

? ? ?

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Smith 10 N. Streepier St.

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ch Hypertention

DUE TO

(C)

Ch Parenchymatous nephritis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1952, to 3/22, 1952, that I last saw the
deceased alive on 3/22, 1952, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/26/52

Holy Redeemer Cem.

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952

Huntington Williams, M.D.

John A. Morgan

3000 E. Palto. St.

2102

5/11/19

2102

10/1/19

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200
52 2916

RICKS CERTIFICATE CORRECTED 4-8-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2916

1. NAME OF DECEASED (Type or Print) <i>Robert L. Ricks Jr.</i>		2. DATE OF DEATH <i>Mar 24/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2063 Kennedy</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>2063 Kennedy</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>1875</i> <i>Dec 27/87</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Meat Cuts</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME <i>Don't Know</i>		14. MOTHER'S MAIDEN NAME <i>Don't Know</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>John W. Ricks</i>		ADDRESS <i>2063 Kennedy Ave</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i> CAUSE OF DEATH DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Bronchopneumonia</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 20</i> , 1952 to <i>Nov. 24</i> , 1952; that I last saw the deceased alive on <i>Nov. 23</i> , 1952 and that death occurred at <i>3:30</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. H. Greninger</i>		23B. ADDRESS <i>1520 E. 33rd St.</i>	
23C. DATE SIGNED <i>3.25.52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Balto 27/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cen</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>W. H. Greninger</i>		ADDRESS <i>2004 Orleans</i>	

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8102

3152 2

VALLEY

CONCRETE

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100%

624
52 2917YARCHEL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2917

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>James Yarchel</u>			2. DATE OF DEATH <u>3/24/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>7-00</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
5. SEX <u>Male</u>			D. STREET ADDRESS (If rural, give location) <u>620 N. Belmond Ave.</u>		
6. COLOR OR RACE <u>White</u>			E. AGE (In years last birthday) <u>72</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			F. DATE OF BIRTH <u>3/11</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>James Yarchel</u>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 592x and 155x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) chronic glomerular nephritis
DUE TO

ANTECEDENT CAUSES

(B) Cancer of liver & metastasis?
DUE TO(C) Cancer of liver & metastasis?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14/52, 1952, to 3/24/52, 1952, that I last saw the deceased alive on 3/24/52, 1952, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

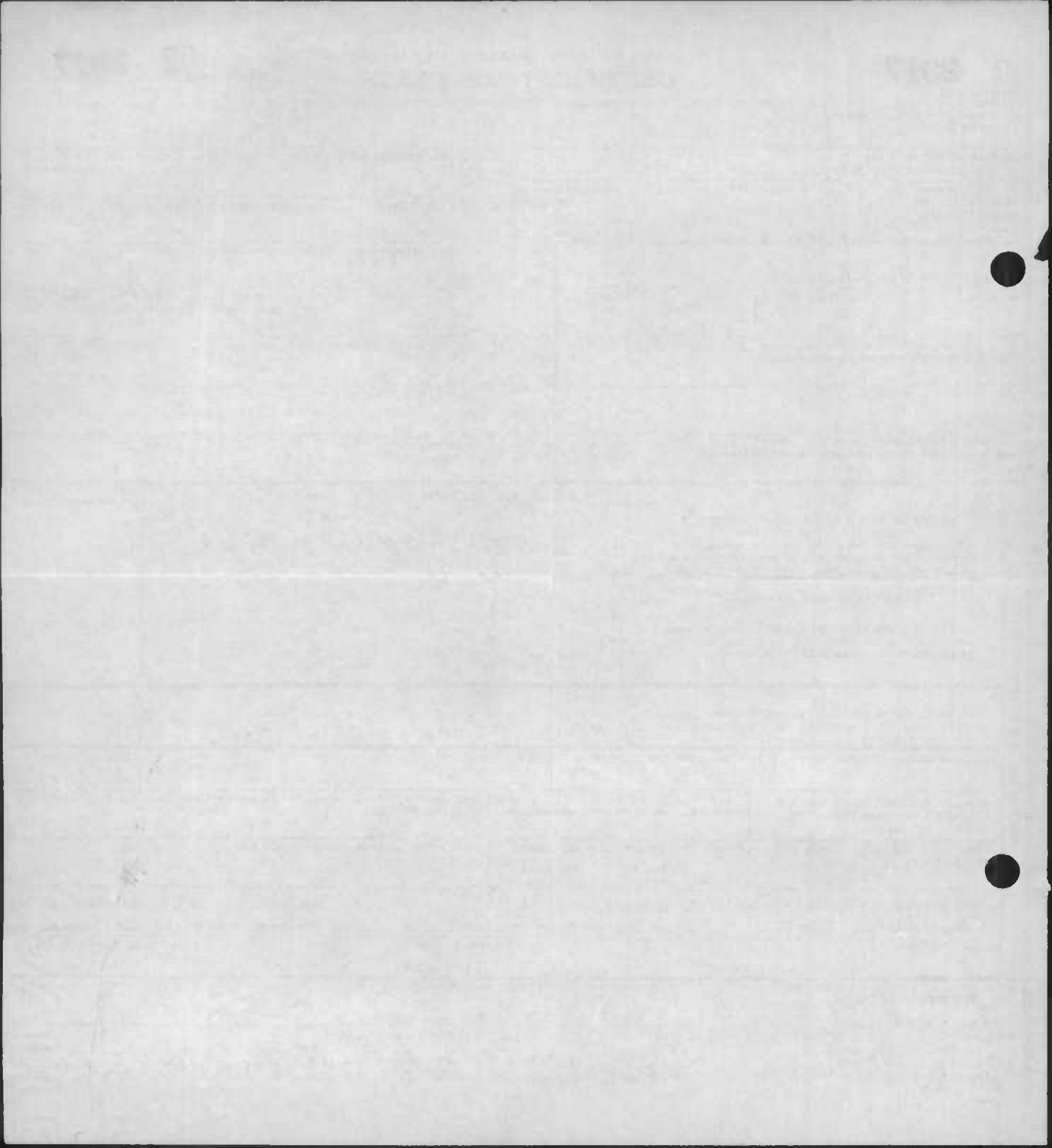
ADDRESS

MAR 25 1952

Huntington Williams, M.D.

Wells & Finch

Home 2004 Calver



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2918

Registered No. _____

52 2918

1. NAME OF DECEASED (Type or Print) Dr. John B. Byrnes			2. DATE OF DEATH Mar. 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland 1029 Greenmount Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION _____			c. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore _____ Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1029 Greenmount Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb 6, 1869	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Bernard Byrnes			14. MOTHER'S MAIDEN NAME Margaret		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT Mrs. Chris Hoerl 1029 Greenmount Ave		ADDRESS _____

18. 4 yrs DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Cerebral Vascular Accident 3 yrs.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO _____ (B) DUE TO Arteriosclerotic Cardio-Vascular Disease. (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **May**, 19**46**, to **Mar.**, 19**52**, that I last saw the deceased alive on **Mar. 22**, 19**52**, and that death occurred at **2:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Kammer, Jr.	23B. ADDRESS 501 Sheridan Ave.	23C. DATE SIGNED Mar. 24, 1952
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-26-52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rita W. Riederfeld	ADDRESS 900 E. Biddle St
--	---	---	------------------------------------

MEDICAL CERTIFICATION

4/9
2004
11-20

456
2 2919BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2919
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN P. SKLINAR

2. DATE
OF
DEATH

MARCH 22 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

a. STATE

b. COUNTY

MARYLAND.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

1702 N CALVERT ST.

c. Length of stay in Baltimore

10YRS.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

DEC 28 1912

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAXI DRIVER

10b. KIND OF BUSINESS OR
INDUSTRY

CHAUFFEUR.

11. BIRTHPLACE (State or foreign country)

WINDBER.
PENNA.12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN SKLINAR

14. MOTHER'S MAIDEN NAME

ANNA YANKANICH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS PENNA.

ANNA SKLINAR, CAIRNBROOK R.D.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Occlusion, Old 1 1/2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 22, 1952, to MAR. 22, 1952, that I last saw the
deceased alive on MAR. 22, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

BURIAL

MAR 26 1952

MORELAND MEMORIAL CEM

TAYLOR AVE

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952

Huntington

Riffel Bldg. 1800 E LOMBARD ST

10/10/10

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2920**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE JENKINS

2. DATE OF DEATH **March 22, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3054 Ascension Avenue

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 10, 1899

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Pittsburgh Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H Jenkins

14. MOTHER'S MAIDEN NAME

Nancy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Florence Jenkins

ADDRESS

3054 Ascension Ave

18. **E981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Internal hemorrhage**

DUE TO **bullet wounds of chest and abdomen**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Fayette and Exeter Sts.-northwest corner

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
March 22, 1952 12:55 A. M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, **undetermined** ☒.

23A. SIGNATURE

Stanley H. DeLoach

23B. CHIEF MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

March 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 25 1952

REGISTRAR'S SIGNATURE

Harold E. Williams

25. FUNERAL DIRECTOR

Katie R. Williams

ADDRESS

3224 Schroeder St

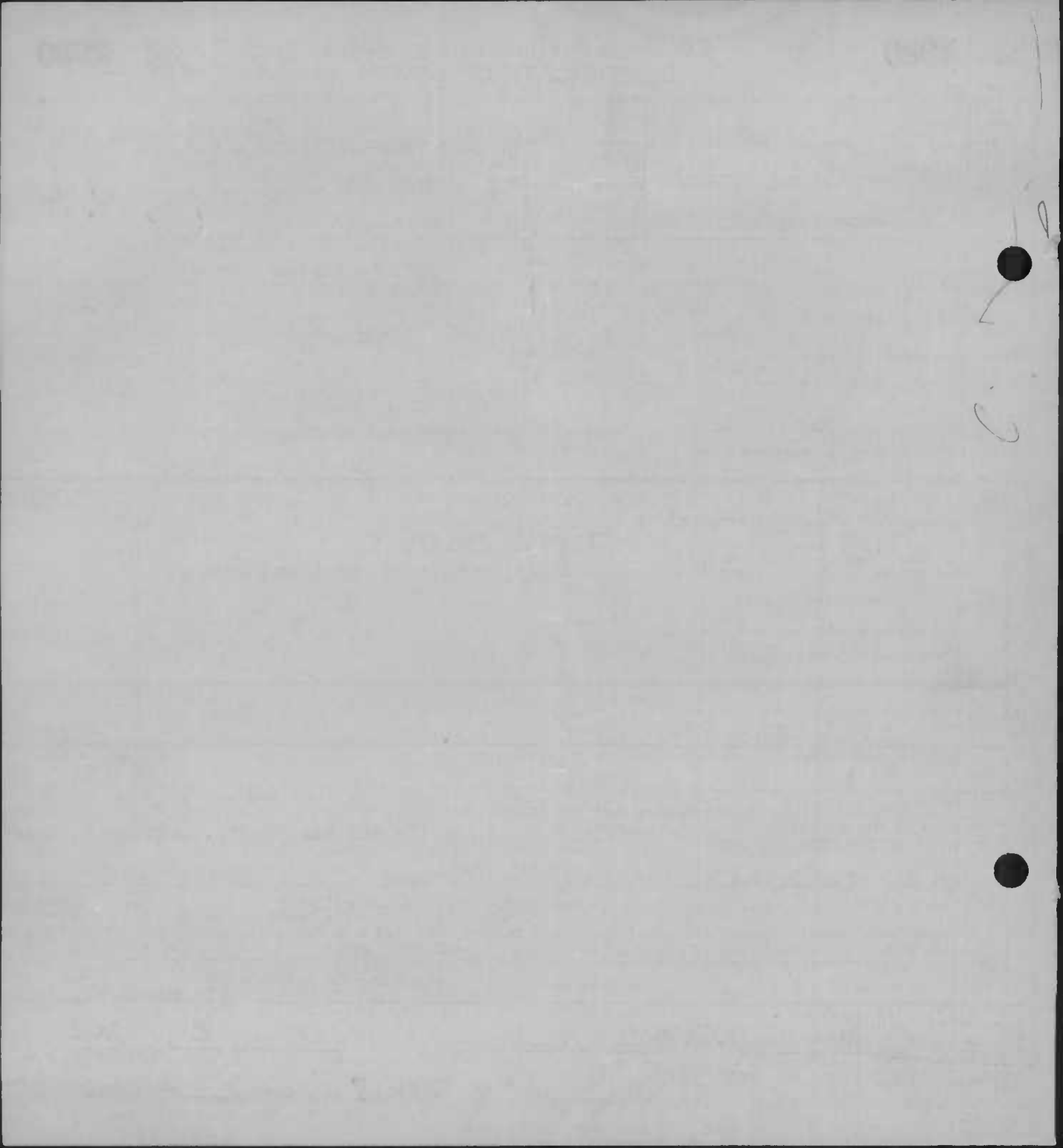
V S 151

N 875.4

97024

correct life is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



45 Med. Ex. Case - Released to Hosp.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2921

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Williams

2. DATE
OF
DEATH

Mar 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acct Room

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2413 Terra Farmale

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

5 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Arteriosclerotic
Cardiovascular Disease

10 yrs

DUE TO

(C) Old CVA with residual left hemiplegia

5 mon

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 3-22-1952 to 3-22-1952, that I last saw the
deceased alive on 3-22-1952, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dudley P. Jackson

M. O.

JOHNS HOPKINS HOSPITAL

3/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 25 1952

Huntington Williams

Mr. Katia R. Williams

3224 Schuman St

1

JOHN HENRY WATSON

John Henry Watson, aged 70 years

born at [illegible] [illegible] [illegible]

and died at [illegible] [illegible] [illegible]

Witness my hand and seal this [illegible] day of [illegible] 1908

500
52 2922BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 2922

1. NAME OF DECEASED (Type or Print) Mrs Mary Lewin			2. DATE OF DEATH 3/23/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bon Secours Hospital Baltimore, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
Length of stay in Baltimore 49 years			D. STREET ADDRESS (If rural, give location) 110 S. Cherrydell Road 5300		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/18/02	9. AGE (In years last birthday) 49	
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) TELEPHONE OPER.			10B. KIND OF BUSINESS OR INDUSTRY DEPT. STORE		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? American			13. FATHER'S NAME Charles Moran		
14. MOTHER'S MAIDEN NAME Catherine Rigney			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Catherine Eliz Blattau (D)		

CAUSE OF DEATH

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema (A) _____ DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH 3 to 4 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-Vascular Disease (B) _____ DUE TO _____ Chronic Glomerulonephritis (C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 27, 1952** to **March 23, 1952**, that I last saw the deceased alive on **March 23, 1952**, and that death occurred at **4:25 pm.**, from the causes and on the date stated above.

23A. SIGNATURE David Ilgarte	23B. ADDRESS M. D. Bon Secours Hospital	23C. DATE SIGNED 3/23/52
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-26-52	24C. NAME OF CEMETERY OR CREMATORY Catholic Cem	24D. LOCATION (City, town, or county) (State) Balt. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George A. Foley	ADDRESS Julia over Fayette St

370 6C

355
52 2923BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2923
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Moses Ottenheimer

2. DATE
OF
DEATH

3-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

Colburn Court; Eutan Pl. + Brook Sq.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

Yrs.
Mos.
Days

8. DATE OF BIRTH

April 24/1876

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer - Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

Printing

13. FATHER'S NAME

Louis Ottenheimer

14. MOTHER'S MAIDEN NAME

Rachael Feldenheimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Helen Ottenheimer

ADDRESS

same.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 Hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral Arteriosclerosis

? years

DUE TO

(C)

Generalized Arteriosclerosis

? years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterioventricular Heart Disease

? years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20-52, 19__, to 3-24-52, 19__, that I last saw the
deceased alive on 3-24-52, 19__, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Hearsh S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

3-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson & Bros - 1124 - 26 W.

ADDRESS

North Ave

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

538
REG-157591BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2924
Registered No.

BIRTH NO.

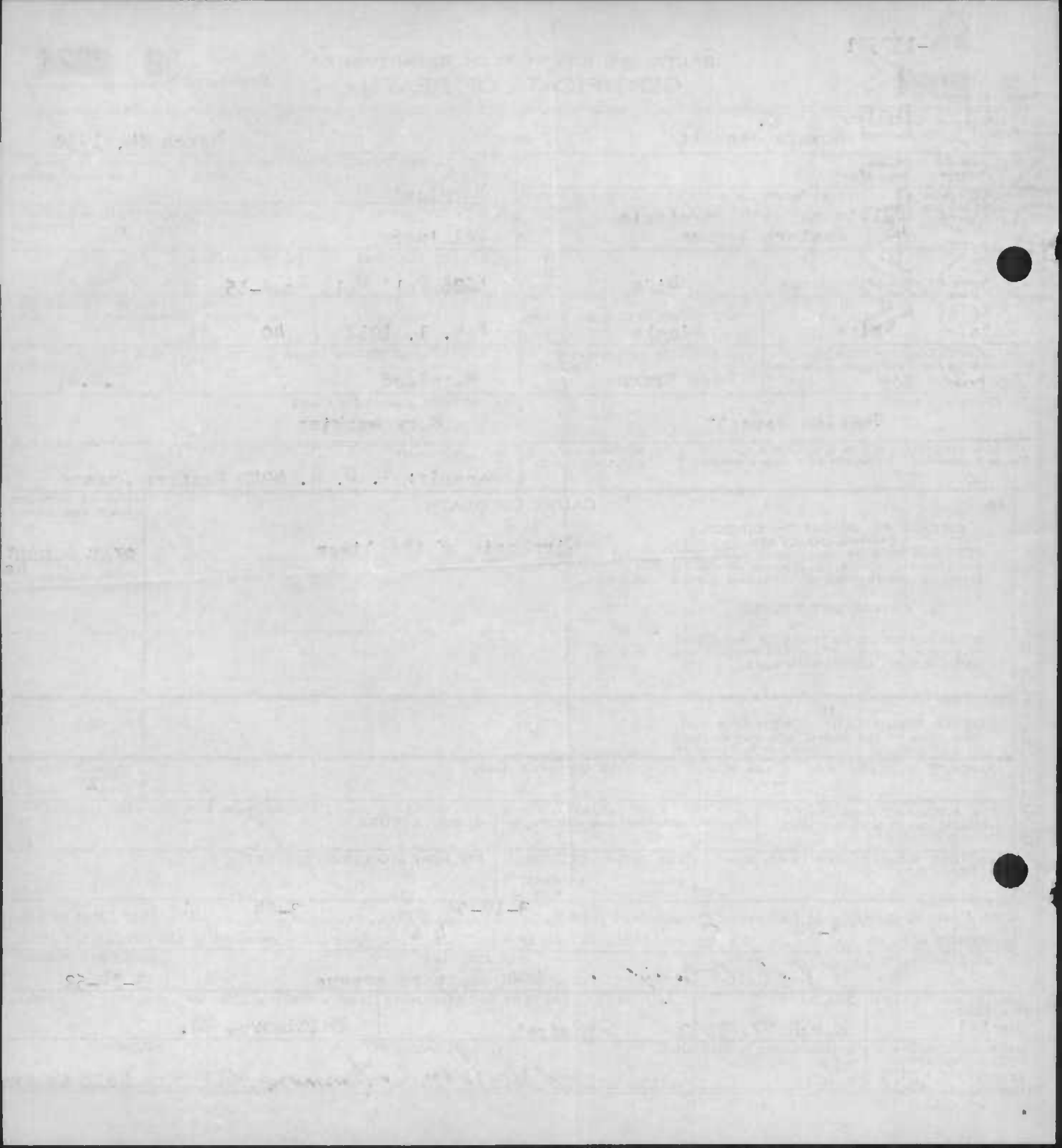
1. NAME OF DECEASED (Type or Print) E. Howard Bennett			2. DATE OF DEATH March 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write full L. and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4626 Fall Mall Road-15		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 1, 1912	9. AGE (In years last birthday) 40	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exercise Boy,		10B. KIND OF BUSINESS OR INDUSTRY Race Track		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Bennett			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
14. MOTHER'S MAIDEN NAME Mary Larkins			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH over 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-19-52 , 19 52 , to 3-24 , 19 52 , that I last saw the deceased alive on 3-24 , 19 52 , and that death occurred at 4 A m., from the causes and on the date stated above.				
23A. SIGNATURE <i>J. S. O'Brien</i>		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 3-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 27, 1952	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	------------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. Vernon Lannon</i>	ADDRESS 4611 Park Heights Ave
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412
52 2925BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2925
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lottie Phillips

2. DATE
OF
DEATH

March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1612 E Preston St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1612 E Preston St

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 25, 1885

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Butler

14. MOTHER'S MAIDEN NAME

Sarah Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Henry Elder 1612 E Preston St

CAUSE OF DEATH

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro-Vascular Hypertension

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1952, to March 2, 1952, that I last saw the
deceased alive on March 20, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lester A. Harris

23B. ADDRESS

1262 N. Caroline St.

23C. DATE SIGNED

3/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. C. St. A. Elliott, Daugh.

ADDRESS

1124 N. Caroline St.

WALLS
CONGRESS
NATIONAL
ARCHIVES

2-150
52 2926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2926

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hannah Ruffin			2. DATE OF DEATH March 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 107 West 20th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 107 West 20th St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 2, 1885	9. AGE (In years last birthday) 66	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Jane Lewis		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. James Ruffin 107 E. 20th St.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Mar 20**, 19**51**, to **Mar 21**, 19**52**, that I last saw the deceased alive on **Mar 21**, 19**52**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **James C. Johnson** M. D. 23B. ADDRESS **2329 Guilford L** 23C. DATE SIGNED **Mar 24-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-27-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR **MAR 25 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **W. B. Biddle** ADDRESS **77 W. Biddle St**

63

52 2927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2927

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA LaPORTE

2. DATE
OF
DEATH

Mar. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

Cambridge Arms Apts.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

12-02

township)

D. STREET ADDRESS (If rural, give location)

Cambridge Arms Apts.

Charles + 34th St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 24, 1873

9. AGE (In years

last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Sauter

14. MOTHER'S MAIDEN NAME

Agatha Tschudy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William La Porte - Cambridge Arms Apts.

CAUSE OF DEATH

18. 470-1-1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerosis

DUE TO

7 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1940, to March 23, 1952, that I last saw the
deceased alive on March 23, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1952

Huntington Williams, M.D.

2602 N. Vickner & Sons

Bath 17, Md.

1983

5

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

1983

1



CERTIFICATE CORRECTED

4-2-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gordon Joseph Cronin

2. DATE
OF
DEATH

Mar 22 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

2127 Sinclair Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-02

D. STREET ADDRESS (If rural, give location)

2127 Sinclair Lane

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Apr. 19, 1886
Oct 30 1877

9. AGE (in years last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Germany *Baltimore, Md.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Timothy J. Cronin

14. MOTHER'S MAIDEN NAME

Catherine Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-20-8239

17. INFORMANT

Irene E. Mrs. Matilda Cronin - same

ADDRESS

18. *581.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

unknown

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CIRRHOSIS OF LIVER.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *CHRONIC ALCOHOLISM*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-1*, 19*52*, to *3-1*, 19*52*, that I last saw the deceased alive on *3-1*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Albert Hermann

23B. ADDRESS

2925 E. Federal St.

23C. DATE SIGNED

3-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 26 1952

Huntington Williams

25. FUNERAL DIRECTOR

W. J. Wick

ADDRESS

5305 Bayford

MEDICAL CERTIFICATION

Dr. Hermann.
2921 Federal

52 2929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2929

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA WOOD

2. DATE
OF
DEATH

3/23/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

951 Madison Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

a. STATE

b. COUNTY

MD.

11-04

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 1

d. STREET ADDRESS (If rural, give location)

951 MADISON AVE.

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

12/5/97

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10b. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTH PLACE (State or foreign country)

Calverton VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES GIBSON

14. MOTHER'S MAIDEN NAME

LUCY COPPAGE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maud Gibson 951 Madison

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

CEREBRAL VASCULAR ACCIDENT

(A)

DUE TO

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN
ONSET AND DEATH

3 YRS.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

22e. INJURY OCCURRED

22f. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from
deceased alive on D.O.A., 19____, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1952

VS 150

720 PA 1011 Y. Arlington Ave

MEDICAL CERTIFICATION

152
52 2930
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2930
Registered No.

1. NAME OF DECEASED (Type or Print) MARY SALLY SCOVENS			2. DATE OF DEATH 3-23-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. PUBLIC HEALTH SERVICE HOSP TOWSON			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON		
6. Length of stay in Baltimore Unknown			D. STREET ADDRESS (If rural, give location) N. YORK ROAD 5300		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-14-96	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WESTLY OLIVER			14. MOTHER'S MAIDEN NAME MARTHA ? (LAST NAME UNKNOWN)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS HOSPITAL ADMISSION SHEET		

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) NEPHRO ARTERIOLOSCLEROSIS WITH UREMIA DUE TO (A) ARTERIOLOSCLEROSIS WITH UREMIA DUE TO (B) HYPERTENSIVE CARDIO-VASCULAR DISEASE DUE TO (C) —	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 3/26/52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MAR 21, 1952** to **MAR 23, 1952** that I last saw the deceased alive on **MAR 23, 1952** and that death occurred at **1:20pm** from the causes and on the date stated above.

23A. SIGNATURE **Ronald A. Welch** M.D. 23B. ADDRESS **U.S.P.H.S. Hospital** 23C. DATE SIGNED **3-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) B. 3/26/52	24B. DATE 3/26/52	24C. NAME OF FUNERAL HOME OR CREMATORY PLEASANT TOWSON MD.	24D. LOCATION (City, town or county) (State) Rest Cemetery
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Samuel W. Sullivan Jr	ADDRESS

MAR 26 1952
VS 150

1011 N. Arlington Ave

REVISED PAGE

4-10-57

100

400

325 9 2 4

1875

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

... ..

Figure 4

6-455
52 2931

52 2931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Elmira Verrena Coleman</i>		2. DATE OF DEATH <i>3/15/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>924 SHIELDS PLACE</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 17-01</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>924 Shields Place</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced</i>	8. DATE OF BIRTH <i>1906</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic House Work</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>45</i>
13. FATHER'S NAME <i>Leon Chambers</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Julia McLean</i>		ADDRESS	

18. <i>4/20/52</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO ANTECEDENT CAUSES <i>Coronary Sclerosis</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>5 hr</i>
---	----------------	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/10/02</i> , to <i>3/25/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11:30 A.M.</i> , 19 <i>52</i> , and that death occurred at <i>11:30 A.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Same</i>		23B. ADDRESS <i>2536 St</i>		23C. DATE SIGNED <i>3/25/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Dairlee Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Kent Co. Del.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Metropolitan Funeral Home Inc.</i>		25A. ADDRESS <i>1949 Edmondson Ave</i>		25B. DATE	

MAR 26 1952

7208A

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362

 REA-157278
 BIRTH NO. 2932 51-28137

 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 52 2932

1. NAME OF DECEASED (Type or Print) Angelo N. Peterson			2. DATE OF DEATH March 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1806 Division Street-17		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 2, 1952		9. AGE (In years last birthday) 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Vernon Peterson			14. MOTHER'S MAIDEN NAME Virginia Peterson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 047.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Salmonella Septicemia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 14 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-8 1952 , to 3-15 1952 , that I last saw the deceased alive on 3-15 1952 , and that death occurred at 10:55 A. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. C. H. H.</i>		23B. ADDRESS 4940 Eastern Avenue M. D.		23C. DATE SIGNED 3-21-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 3-18-52		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR 2 0 2 0		ADDRESS	

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2-200
52 2933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2933
Registered No.

BIRTH NO

1. NAME OF DECEASED (Type or Print) <i>James B. Lewis</i>			2. DATE OF DEATH <i>March 24, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1127 N. Stockton St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>40 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1127 N. Stockton Street 16-01</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 23, 1873</i>	9. AGE (In years last birthday) <i>78</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Edward Lewis</i>			14. MOTHER'S MAIDEN NAME <i>Sally Corbin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Purcell Lewis 1116 Riggs Ave, Balto, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	

18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Apoplexy</i>	CAUSE OF DEATH (A) <i>Apoplexy</i> DUE TO (B) <i>arterio-sclerosis</i> (C) <i>none</i>	INTERVAL BETWEEN ONSET AND DEATH <i>243 hrs</i> <i>Probably</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *3-13-52* to *3-23-52*, that I last saw the deceased alive on *3-23-52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. N. Cardoso</i>	23B. ADDRESS <i>1524 W. Hill Ave</i>	23C. DATE SIGNED <i>3-25-52</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 29, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) <i>Westport</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1952</i>		25. FUNERAL DIRECTOR <i>H. E. H. Williams, Jr.</i>	ADDRESS <i>1200 N. S. Culler St.</i>

WATNEY
CONCRETE
BOND
100% RATIO
H.C. A. 1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 2934
Registered No.

BIRTH NO. *W-420*
52 2934
51-30604

1. NAME OF DECEASED (Type or Print) JOHNNY DALE WALLACE		2. DATE OF DEATH March 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore 3 Mos. Days		E. STREET ADDRESS (If rural, give location) 1902 Linden Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
13. FATHER'S NAME Wynnan Leshe		14. MOTHER'S MAIDEN NAME Joan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wynnan Wallace - Jane		ADDRESS	

18. 392.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute otitis media, left DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>R. B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	23C. DATE SIGNED 3/24/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 3-26-52	24C. NAME OF CEMETERY OR CREMATORY Huntington	24D. LOCATION (City, town, or county) (State) Spindale N. C.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>2100 Cutaw Pl</i>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000

1000

1000

1000

1000

1000

1000

1000

1000

52 2935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2935

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Singer

2. DATE
OF
DEATH

3-25-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

Lutheran Hosp. of Md.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

55 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Tobac

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morrising - Husband - Same

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Hypertensive C.V.D.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 hrs

many
yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

none

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1952, to 3-25, 1952, that I last saw the
deceased alive on 3-25, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Guy M. Becker, M.D.

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

3-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Southern Ave

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

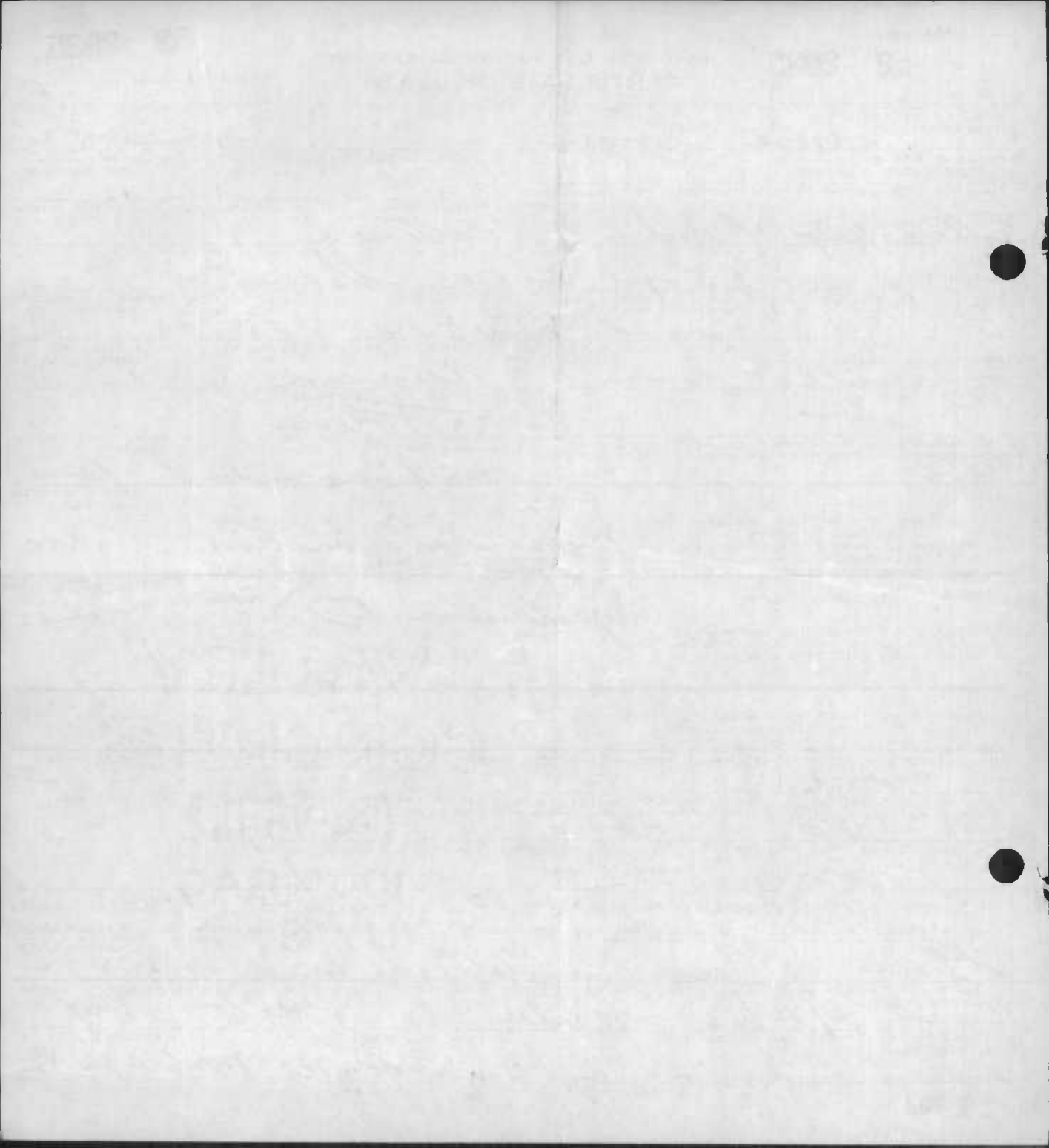
ADDRESS

Jack Leach, Inc. - 2100 Eutan Pl.

VS. 15002

MAR 26 1952

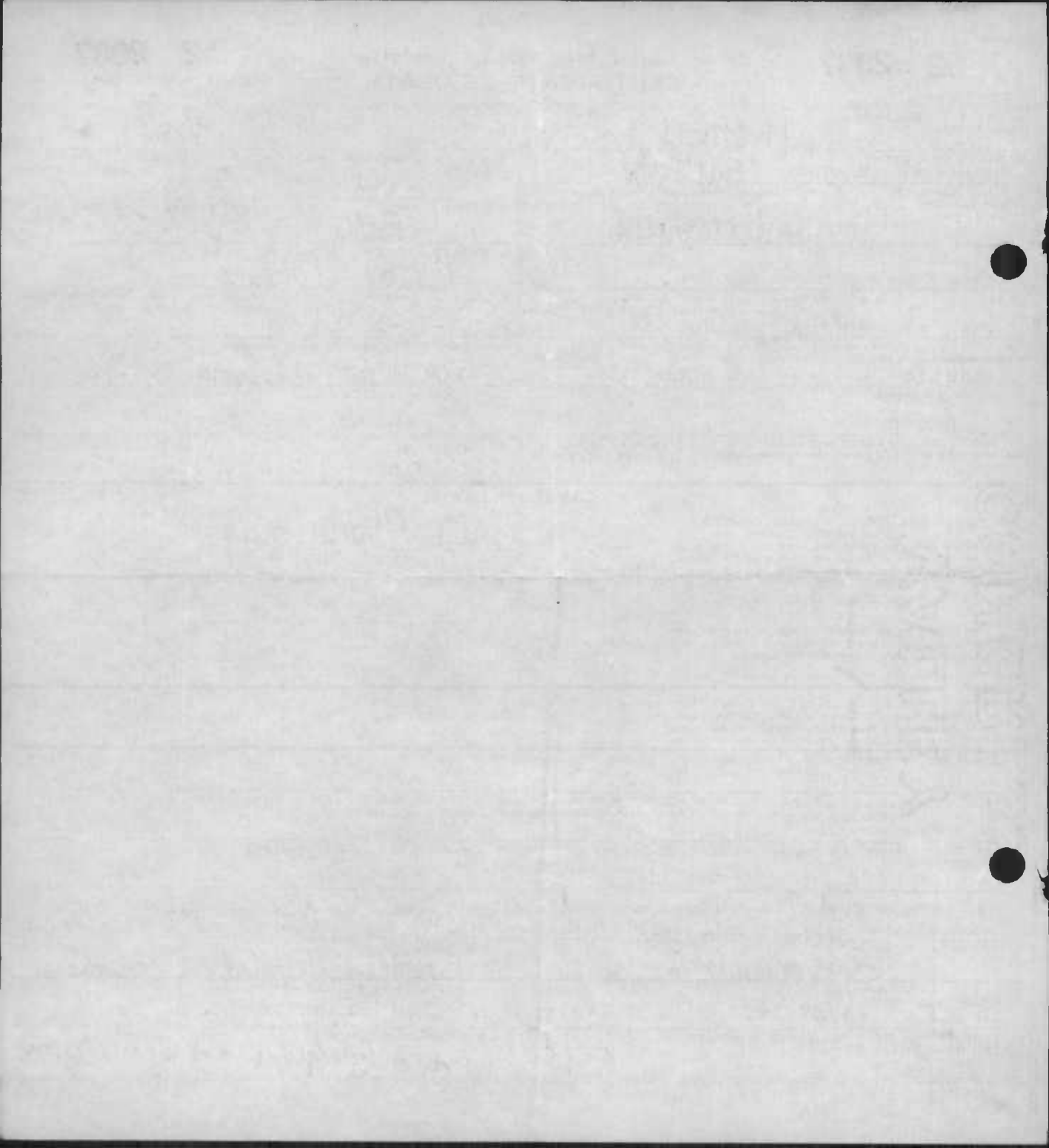
MEDICAL CERTIFICATION



-652 52 0 2936		Med. Ex Case - Released to Hosp 52 2936	
BALTIMORE CITY HEALTH DEPARTMENT		Registered No.	
BIRTH NO. 49-09048		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Brenda A. Borns		2. DATE OF DEATH Nov. 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1414 OPOdest		4. USUAL RESIDENCE (Where deceased lived. If institution or residence before admission) A. STATE Md B. COUNTY 7-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 516 N. Chapel St	
D. STREET ADDRESS (If rural, give location) Baltimore		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) None		8. DATE OF BIRTH April-27-48	
9. AGE (In years last birthday) 3		10. UNDER 1 YEAR Months: Days	
11. UNDER 24 HOURS Hours: Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Cleveland Borns		14. MOTHER'S MAIDEN NAME William Moody	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 401.21 Rheumatic myocarditis 1 year DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) force of unknown origin (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from 3/21, 1953 to 3/21, 1953 that I last saw the deceased alive on 3/21, 1953, and that death occurred at 1 p.m., from the causes and on the date stated above.			
31. SIGNATURE Robert E. Appleby M.D.		32. ADDRESS JOHNS HOPKINS HOSPITAL	
33. DATE SIGNED 3-22-52			
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE 3/26/1953	
36. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		37. LOCATION (City, town, or county) (State) Brooklyn Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR		39. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
40. FUNERAL DIRECTOR George Wilson		41. ADDRESS 1000 Brentley Ave	

MAR 26 1953

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52 2938
B-235-BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2938
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hiram Boston

2. DATE
OF
DEATH

3-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Osler 7

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

502 N. Eden St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7-15-90

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

61

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Canning House

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Boston

14. MOTHER'S MAIDEN NAME

Mollie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

War # 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 493X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Pneumococcal Meningitis

DUE TO

(B) Pneumococcal Septicemia

DUE TO

(C) Pneumococcal Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

11 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1952 to 3-23, 1952, that I last saw the
deceased alive on 3-23, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph William Sick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Md.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

1985

1986

1987

1988

RECEIVED FROM THE
FEDERAL BUREAU OF INVESTIGATION

TO THE DIRECTOR, FBI

FROM THE DIRECTOR, FBI

SUBJECT: [illegible]

DATE: [illegible]

RE: [illegible]

BY: [illegible]

FOR: [illegible]

THROUGH: [illegible]

BY: [illegible]

FOR: [illegible]

THROUGH: [illegible]

BY: [illegible]

FOR: [illegible]

THROUGH: [illegible]

BY: [illegible]

52 2939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2939

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE M. WILKENS

2. DATE

OF

DEATH

March 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

703 S. Ellwood Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

703 S. Ellwood Avenue

C. Length of stay in Baltimore

75 years

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Mar. 5, 1872

9. AGE (In years

last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

? Feldmann

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

none

17. INFORMANT 703 S. Ellwood Avenue

Miss Carolyn W. Wilkens

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis
Pulmonary Edema

3/23/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Ch. Myocardium

194c

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1952, to Mar 23, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Buchanan

M. O.

23B. ADDRESS

3426 Bank W

23C. DATE SIGNED

3/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, Inc.

ADDRESS

NORTH AVE. & BROADWAY

Dany J. Sander

QMS 50

CHARTERED BY THE GOVERNMENT OF THE UNITED STATES OF AMERICA

OFFICE OF THE SECRETARY OF THE ARMY

QMS 50

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2940
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL (J) BRADFORD

2. DATE
OF
DEATH

March 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

510 N. Pearl Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-9-1904

9. AGE (In years,
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Louisiana

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charlie Bradford

14. MOTHER'S MAIDEN NAME

Martha Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

222-10-6331

17. INFORMANT

Sarah Sophie Bradford

ADDRESS

1164 E 43rd St

18. 4/20/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

~~XXXX~~

(C) Myocardial infarct

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☒

March 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1900

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52 2941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2941

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Giles Patterson</i>		2. DATE OF DEATH <i>3/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>city</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>502 - Bruce St.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		8. STREET ADDRESS (If rural, give location) <i>502 - Bruce St.</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>7-1-1875</i>
10A. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	9. AGE (In years last birthday) <i>76</i>
11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>Kitley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mrs. Gamble - Bruce St.</i>		ADDRESS <i>2 - Bruce St.</i>	

18. *4221* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic Cardio-vascular Disease

CAUSE OF DEATH

(A) DUE TO *Arteriosclerotic Cardio-vascular Disease*

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH
6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2/15*, 19*52* to *3/22*, 19*52*, that I last saw the deceased alive on *3/22*, 19*52* and that death occurred at *6* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Ralph W. McKinnon</i>		23B. ADDRESS <i>428 N. Gilmor St.</i>		23C. DATE SIGNED <i>3/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>McClary</i>	
24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Ind.</i>		25. FUNERAL DIRECTOR <i>Wm. A. Helstead</i>		ADDRESS <i>918 - Highland Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>3/26/52</i>		REGISTRAR'S SIGNATURE <i>Thurston G. ...</i>		25. FUNERAL DIRECTOR <i>Wm. A. Helstead</i>	

11-22-51

11-22-51

RECEIVED - [illegible]
[illegible]

[Faint, mostly illegible text and markings covering the page, possibly bleed-through from the reverse side. Includes a large 'X' mark on the left side and some faint circular stamps.]

M-240
52 2942 137452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2942

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John Mickel		2. DATE OF DEATH 3-23-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Md. b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 48 yrs.		d. STREET ADDRESS (If rural, give location) 429 Druid Hill Ave.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH March 9, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 74	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) S. C.	
13. FATHER'S NAME George Mickel		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME My		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	

MEDICAL CERTIFICATION

18. 420-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-Vascular Accident due to Arterio-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **3-14-52**, 19**52**, to **March 23**, 19**52**, that I last saw the deceased alive on **Mar. 23**, 19**52**, and that death occurred at **4.15pm.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 3-23-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3/27/52	24C. NAME OF CEMETERY OR CREMATORY Westport Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952	REGISTRAR'S SIGNATURE Thurston W. Williams	25. FUNERAL DIRECTOR Edwards 918

VS 150

Druid Hill ch.

12712

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420
52 2943BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2943
Registered No.

BIRTH NO. 48-11455

1. NAME OF DECEASED
(Type or Print)

John Edward KLAUS

2. DATE
OF
DEATH

3.25.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 30, 1948

9. AGE (in years

last birthday)

3

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

Edward L. Klaus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Parents - 703 Reservoir St -

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Hydrocephalus

DUE TO

(Congenital)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Virus encephalitis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.19.52, 19__, to 3.25__, 1952 that I last saw the
deceased alive on 3.25__, 1952 and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

See-jun Liu

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

3.25.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3-27-52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Hooellawn

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart Morris - Bald.

MAR 26 1952

THE UNIVERSITY OF CHICAGO

LIBRARY

THE UNIVERSITY OF CHICAGO
 LIBRARY
 1108-50

-600

52 2944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2944

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SPENCER W. SEERY, SR.

2. DATE
OF
DEATH

Mar. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

506 Chateau Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

506 Chateau Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 21, 1877

9. AGE (In years,
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mgr. and Promoter

10B. KIND OF BUSINESS OR
INDUSTRY

Medicine

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick W. Seery

14. MOTHER'S MAIDEN NAME

Ann Morrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Spencer W. Seery, Jr.-45 Maryland Ave.

18.

443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Cardiac Hypertrophy, dilatation - 2 YRS -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

Arteriosclerotic Hypertension
Cardio-vascular disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-28, 1950, to 3-23, 1952 that I last saw the
deceased alive on 3-23, 1952 and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony F. Carozza

M. D.

23B. ADDRESS

5217 YORK Rd

23C. DATE SIGNED

3-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 26 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Kono J. Rickner & Sons

VS 150

Balto 17 Md.

1955

1956

STANDARD RECORD COMPANY

1957

462
52 2945

52 2945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA HASTINGS CLARK

2. DATE
OF
DEATH

Mar. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Homewood Apts.

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write "UNINCORPORATED" and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Homewood Apts. Charles & 31st St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 13, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph D. Fawcett

14. MOTHER'S MAIDEN NAME

Mary Hastings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. A. T. Clark - Homewood Apts.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*

DUE TO

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerosis*

DUE TO

2 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/51, 19, to 3/25/52, 19, that I last saw the
deceased alive on 3/25/52, 19, and that death occurred at 10:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremation

3/27/52

Green Mount Crem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

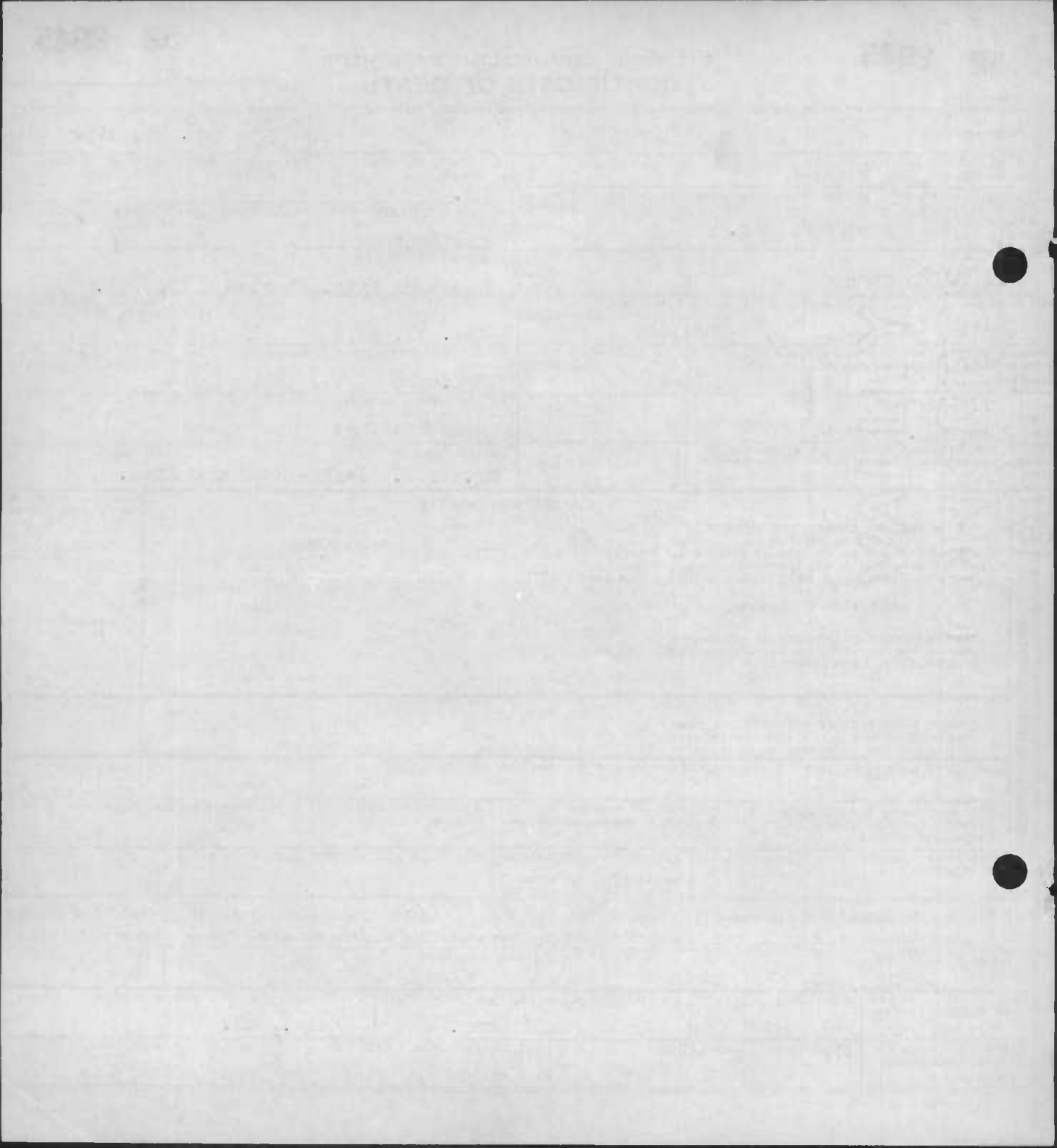
25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1952

VS 150

25. FUNERAL DIRECTOR ADDRESS
Thom J. Vickner & Sons
Balto. Md.



232
52 2946BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2946

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNIESZKA PAJTYS

2. DATE
OF DEATH
March 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2205 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2205 Eastern Avenue

Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Unknown

9. AGE (in years
last birthday)
68 ?If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Krzyzowski

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Glowacki, 524 Holtzmann Ct.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerosis, generalized
DUE TO

5 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL THROMBOSIS

3 MOS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from SEPT. 4, 1951, to MARCH 23, 1952, that I last saw the
deceased alive on MARCH 24, 1952 and that death occurred at 1:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

121 S. HIGHLAND AVE.

3/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/28/52

St. Stanislaus

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1952

M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

ENDING DECEMBER 31, 1899

ALBANY

1900

WHELAN

PRINTED BY

THE STATE OF NEW YORK

COMMISSIONERS OF THE LAND OFFICE

VALLEY

OF THE STATE OF NEW YORK

REPORT

OF THE COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

ENDING DECEMBER 31, 1899

8-426
52 2947BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2947
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BERTRON W. BLIZZARD Sr.		2. DATE OF DEATH 3/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MD	
D. STREET ADDRESS (If rural, give location) 530 N. LAKEWOOD		5. SEX M 6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 5/28/1877	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	
11. BIRTHPLACE (State or foreign country) WESTMINSTER, MD.		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME CHARLES BLIZZARD		14. MOTHER'S MAIDEN NAME KATHERINE BRONN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 217-01-0575	
17. INFORMANT CHURCH HOME & HOSPITAL		ADDRESS CHURCH HOME & HOSPITAL	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mesenteric thrombosis & terminal coronary thrombosis	CAUSE OF DEATH (A) Mesenteric thrombosis & terminal coronary thrombosis DUE TO (B) Generalized arteriosclerosis DUE TO Hypertension C.V.D. (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11:30 AM 3/24, 1952**, to **3/25**, 1952, that I last saw the deceased alive on **3/25**, 1952, and that death occurred at **4:40 AM**, from the causes and on the date stated above.

23A. SIGNATURE J. J. Dawson	23B. ADDRESS M. D. Church Home & Hospital	23C. DATE SIGNED 3/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 27, 1952	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park	24D. LOCATION (City, town, or county) (State) Washington Blvd., Elkridge, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952	REGISTRAR'S SIGNATURE William J. Williams	25. FUNERAL DIRECTOR Schimmunek Funeral Home, Inc. ADDRESS 2801 S-5 E. Madison St.	

400
52 2948BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2948

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John A. Coale

2. DATE
OF
DEATH

Mar. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-24-1900

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR
INDUSTRY

Haverm

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John A. Coale

14. MOTHER'S MAIDEN NAME

Helen T. Thorpe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Hemorrhage from cardiac artery
DUE TO(B) Carcinoma of Tongue
DUE TO

(C) Impaction of wisdom teeth

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25-1952 to 3-25-1952, that I last saw the
deceased alive on 3-25-1952, and that death occurred at 10:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ellsworth J. Fisher

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

March 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/28/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem

24D. LOCATION (City, town, or county)

3804 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John J. Cowan & Son 901
7506M

STATE OF NEW YORK
DEPARTMENT OF HEALTH

IN SENATE
January 10, 1949

REPORT OF THE

COMMISSIONER OF HEALTH
ON THE
STATE OF THE HEALTH OF THE PEOPLE OF THE STATE OF NEW YORK
FOR THE YEAR 1948

ALBANY: J.B. LIPPINCOTT COMPANY, 1949

V-230
52 2949

52 2949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Bernard West

2. DATE
OF
DEATH

3-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

630 George St.

17-01

5. SEX

M

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

November 5, 1893

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Simpson Market

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

George West

14. MOTHER'S MAIDEN NAME

Lanna Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

unknown

17. INFORMANT

ADDRESS

Alford West-1212 E. Preston St.

18. 539.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Perforation of Esophagus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-22-52

19B. MAJOR FINDINGS OF OPERATION

Perforation of Esophagus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1952, to 3-22, 1952, that I last saw the
deceased alive on 3-22, 1952, and that death occurred at 5:51 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Douglas

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas. G. Cooper-512 Carrollton Av.

ADDRESS

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Race</p>	
<p>4. Date of birth</p>		<p>5. Date of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of medical examiner</p>		<p>12. Signature of coroner</p>	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob Bees

2. DATE
OF
DEATH3/24/52 4th a.m.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

750 Mc Henry St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Boiler Maker

10B. KIND OF BUSINESS OR INDUSTRY

B+O R.R.

13. FATHER'S NAME

Frederick Bees

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mathilda B. Nelson aka Barbara

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1-2 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Coronary artery atherosclerosis

5-10 yr

(B)

DUE TO

generalized atherosclerosis

10-15 yr +

(C)

CERTIFICATION APPROVED

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE INJURY OCCURRED (If on street, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1951, to 3-24-52, 1952, that I last saw the deceased alive on 9-12-51, 1951, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

St. Abrahams Church

24D. LOCATION (City, town, or county)

Buckleysville Md.

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

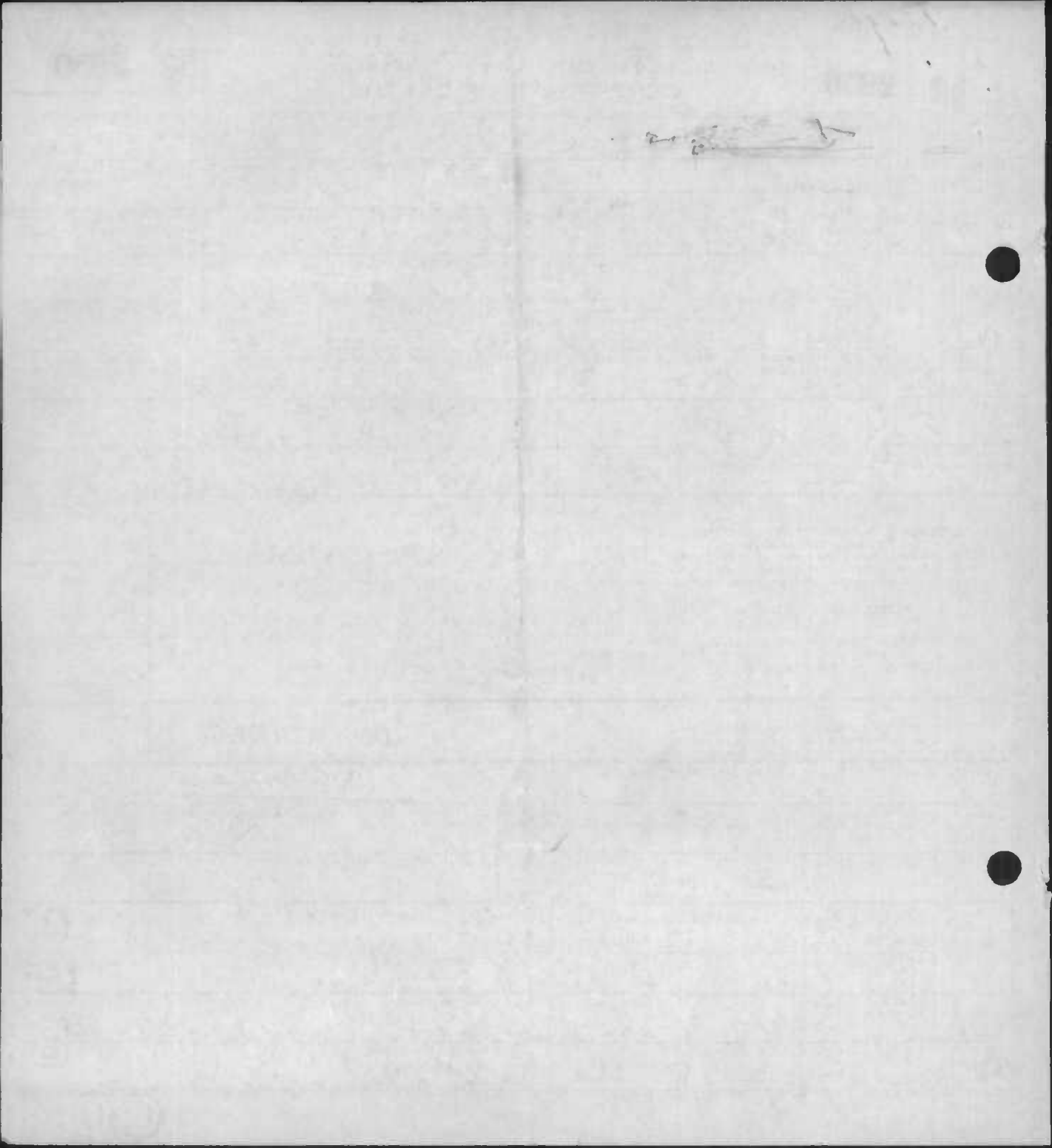
25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1952

Huntington Williams, Md.

W. B. Book Inc. 1217 St. Paul St.



400
52 2951BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2951
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rhoda A. Gail

2. DATE
OF DEATH

March 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2543 Aisquith Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2543 Aisquith Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 25, 1859

9. AGE (In years last birthday)

72

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Cobley

14. MOTHER'S MAIDEN NAME

Joanne Mahoney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elsie Gunther, 2543 Aisquith Street

18. 42221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Senility
DUE TO

(C)

Uncertain as to start of condition

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1952, to March 24, 1952, that I last saw the deceased alive on March 24, 1952, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Anelia Link Sheppard

M. O.

23B. ADDRESS

2211 E Lake Ave

23C. DATE SIGNED

3/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/28/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

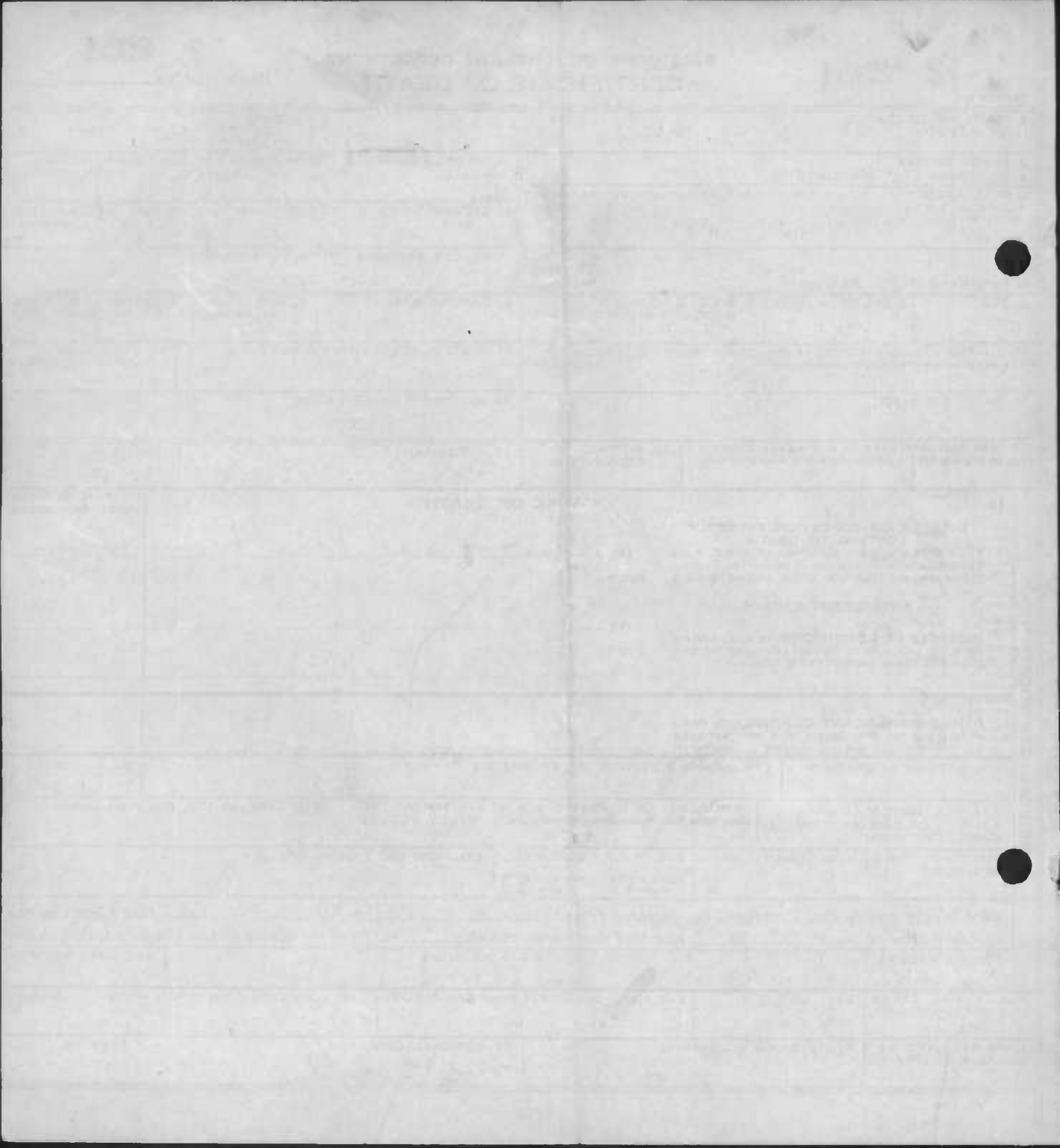
REGISTRAR'S SIGNATURE

MAR 26 1952

25. FUNERAL DIRECTOR

ADDRESS

H. M. Cook & Co., Inc., 1217 St. Paul Street



2552 2952

52 2952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith R. McGomas

2. DATE
OF
DEATH

3/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

Before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

320 Hawthorne Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

320 Hawthorne Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 1, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Gates

14. MOTHER'S MAIDEN NAME

Lela K. Epley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. H.C. McGomas, 320 Hawthorne Road

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage with Rt. Hemiplegia

1 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular disease

10 yrs ±

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1952, to Mar. 25, 1952, that I last saw the deceased alive on Mar. 22, 1952 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Garis

M. D.

23B. ADDRESS

1103 St. Paul St.

23C. DATE SIGNED

Mar. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. G. Cook, Jr. 1217 St. Paul Street

MAR 26 1952

400
52 2953BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2953

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret A. Coale			2. DATE OF DEATH March 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 15-47		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2930 Windsor Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2930 Windsor Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 12, 1872	9. AGE (In years last birthday) 79	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Peter James Doran			14. MOTHER'S MAIDEN NAME Marianne Cellow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Lewis B. Coale, 1208 Warner Street		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis (A) Warten's aortic type heart disease with and congestive failure (B) generalized atherosclerosis with hypertension DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 1940** to **March 25 1952** that I last saw the deceased alive on **October 1, 1951**, and that death occurred at **2:00 am.** from the causes and on the date stated above.

23A. SIGNATURE William Michel	23B. ADDRESS 1015 Poplar Grove St	23C. DATE SIGNED March 25 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/28/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland		

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street
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MEDICAL CERTIFICATION
correct age is especially important. In any case, please write the cause of death.MAR 28 1952
VS 150

NAME (Last, First, Middle)		DATE OF BIRTH		PLACE OF BIRTH	
FATHER'S NAME		MOTHER'S NAME		MARRIAGE DATE	
EDUCATION		OCCUPATION		PREVIOUS EMPLOYERS	
MILITARY SERVICE		CRIMINAL RECORD		REMARKS	
SIGNATURE		DATE		AGENCY	
TITLE		OFFICE		TELEPHONE	
ADDRESS		CITY		STATE	
ZIP CODE		COUNTRY		REMARKS	
FINGERPRINTS		PHOTOGRAPH		REMARKS	
LABORATORY TESTS		X-RAY		REMARKS	
INTERVIEW		DEBRIEFING		REMARKS	
REPORT		DISPATCH		REMARKS	
CLOSURE		REOPEN		REMARKS	
ARCHIVE		RECALL		REMARKS	
REVIEW		APPEAL		REMARKS	
FINAL		REMARKS		REMARKS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 50 52 2954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2954

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 531 N. STRICKER ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

ELIZABETH

3 (b) If veteran, name war

3 (c) Social Security Account
No.

4. Sex

Female

5. Color or race

Col.

6 (a) Single, married, widowed, or divorced

Widowed

6 (b) Name of husband or wife Matthew McKenney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 10, 1885

8. AGE:

Years

Months

Days

If less than one day

66

hr.

min.

9. Birthplace

Essex Co. Pa.

(Town, county, and state)

10. Usual Occupation

Housewife

11. Industry or business

12. Name

John Saunders

13. Birthplace

Va

14. Maiden Name

Elizabeth ?

15. Birthplace

Va

16 (a) Informant

Ada Taylor

(b) Address

1025 N FULTON AVE

17 (a) Burial

(b) Date thereof Mar 26, 1952

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

mt. Auburn

Location

18 (a) Funeral director

Mrs Katie R. Williams

(b) Address

322 N Schroeder St

19 (a)

Huntington Williams

19 (b) Date signed by registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town

Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No.

531 N. Stricker St.

(If rural give location)

(e) Citizen of foreign country?

No

(Yes or No)

If yes, name country

MCKENNEY
MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1952, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12, 1951, to 3-22, 1952, and that I last saw her alive on 3-21, 1952.

Immediate cause of death

CEREBRAL HEMORRHAGE

Due to

HYPERTENSIVE CARDIO-VASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at

M

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Thomas W. Harris

M. D.

Address

1824 W. Franklin

Date signed 3-22-52

MAR 28 1952

2951

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

325
52 2955BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2955

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ocie Watson

2. DATE
OF
DEATH

March 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

611 W. Lafayette Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

611 W. Lafayette Ave.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 10, 1896

9. AGE (in years,

last birthday)

55

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Accomac Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Watson

14. MOTHER'S MAIDEN NAME

Ocie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

James Marshall

ADDRESS

611 W. Lafayette Ave.

18. 443 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardiac Hypertension

INTERVAL BETWEEN ONSET AND DEATH

Aug 27-57

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arterio sclerosis

Post 106/12 mm

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27-57, to 3-22-52, that I last saw the deceased alive on 3-22-52, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

T. N. Cardoso

M. D.

23B. ADDRESS

1524 W. 11th Ave

23C. DATE SIGNED

3-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar. 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Maplewood

24D. LOCATION (City, town, or county)

Maplewood Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. R. B. Williams

ADDRESS

7208A 3228. Commodore St

2008

THE STATE OF NEW YORK

2008

2

6 2 3
52 2956BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2956
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER WRIGHT

2. DATE
OF
DEATH

March 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

592 Greenwillow Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 27, 1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

construction

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert H. Wright

14. MOTHER'S MAIDEN NAME

Anna Purcey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Edith Wright 592 Greenwillow St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. H. Wright

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar. 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Landsdown,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

9 5 2 0

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

3224
Schroeder St.

1. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved.

2. The second part of the report is a detailed description of the methodology used in the study. It includes a description of the data collection methods and the statistical analysis techniques used.

3. The third part of the report is a description of the results of the study. It includes a summary of the findings and a discussion of their implications.

4. The fourth part of the report is a conclusion and a list of references. The conclusion summarizes the main findings of the study and the references list the sources of information used in the study.

5. The fifth part of the report is a list of appendices. These appendices contain additional information that is not included in the main body of the report.

6. The sixth part of the report is a list of figures and tables. These figures and tables provide a visual representation of the data and results of the study.

7. The seventh part of the report is a list of footnotes. These footnotes provide additional information about the sources of information used in the study.

8. The eighth part of the report is a list of acknowledgments. These acknowledgments thank the individuals and organizations that provided support and assistance during the study.

9. The ninth part of the report is a list of abbreviations. These abbreviations are used throughout the report to simplify the text.

10. The tenth part of the report is a list of symbols. These symbols are used throughout the report to represent mathematical and statistical concepts.

11. The eleventh part of the report is a list of definitions. These definitions provide a clear and concise explanation of the terms used in the report.

12. The twelfth part of the report is a list of references. These references list the sources of information used in the study.

13. The thirteenth part of the report is a list of appendices. These appendices contain additional information that is not included in the main body of the report.

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19. The nineteenth part of the report is a list of definitions. These definitions provide a clear and concise explanation of the terms used in the report.

346 52 2957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

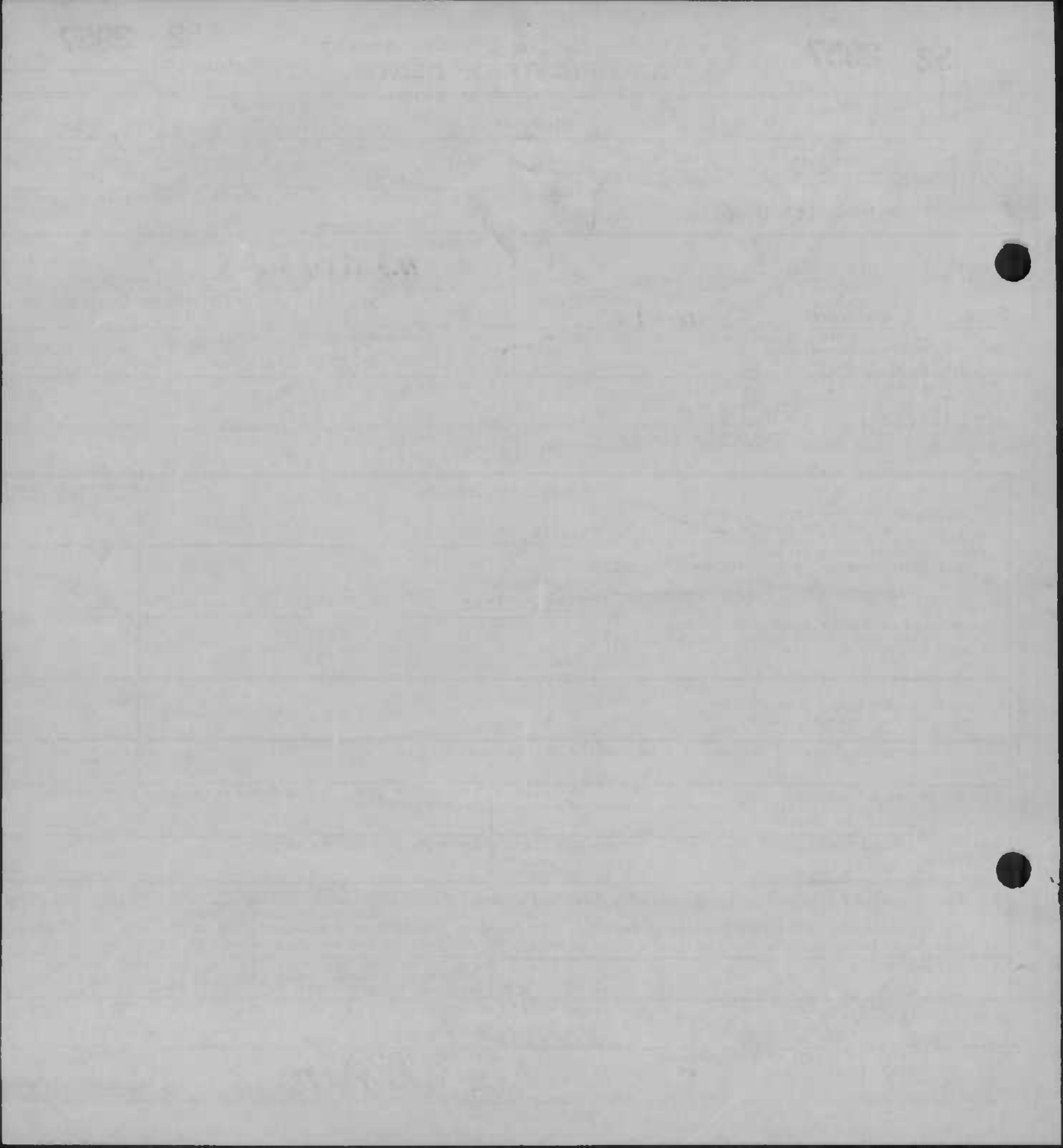
52 2957
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CLARA BUTLER		2. DATE OF DEATH March 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 212 N. Amity Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 3, 1931	9. AGE (In years last birthday) 20	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mitchell Butler		14. MOTHER'S MAIDEN NAME Sarah Buck		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mitchell Butler		ADDRESS 883 W. Bond St.	
18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) Lobar pneumonia Fatty liver (B) Fatty liver DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Lewis		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED March 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 28-52		24C. NAME OF CEMETERY OR CREMATORY W. Hartman Cem	
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		25. FUNERAL DIRECTOR Mrs. Katie Williams	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 322 N. Schreiner St.	

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Huntington Williams, M.D. 7208A



425
52 2958
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2958

1. NAME OF DECEASED (Type or Print) <i>Mary Elizabeth E. Lusk</i>			2. DATE OF DEATH <i>March 24/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>12</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>434 E. Lafayette Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>434 E. Lafayette Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 15, 1881</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John Langford</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Leona Cooper</i>			ADDRESS <i>434 E. Lafayette Ave</i>		

18. *443 X I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *Hypertensive Cardiovascular Disease*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-17*, 19*52* to *3-24*, 19*52* that I last saw the deceased alive on *3-20*, 19*52* and that death occurred at *10:45 AM* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

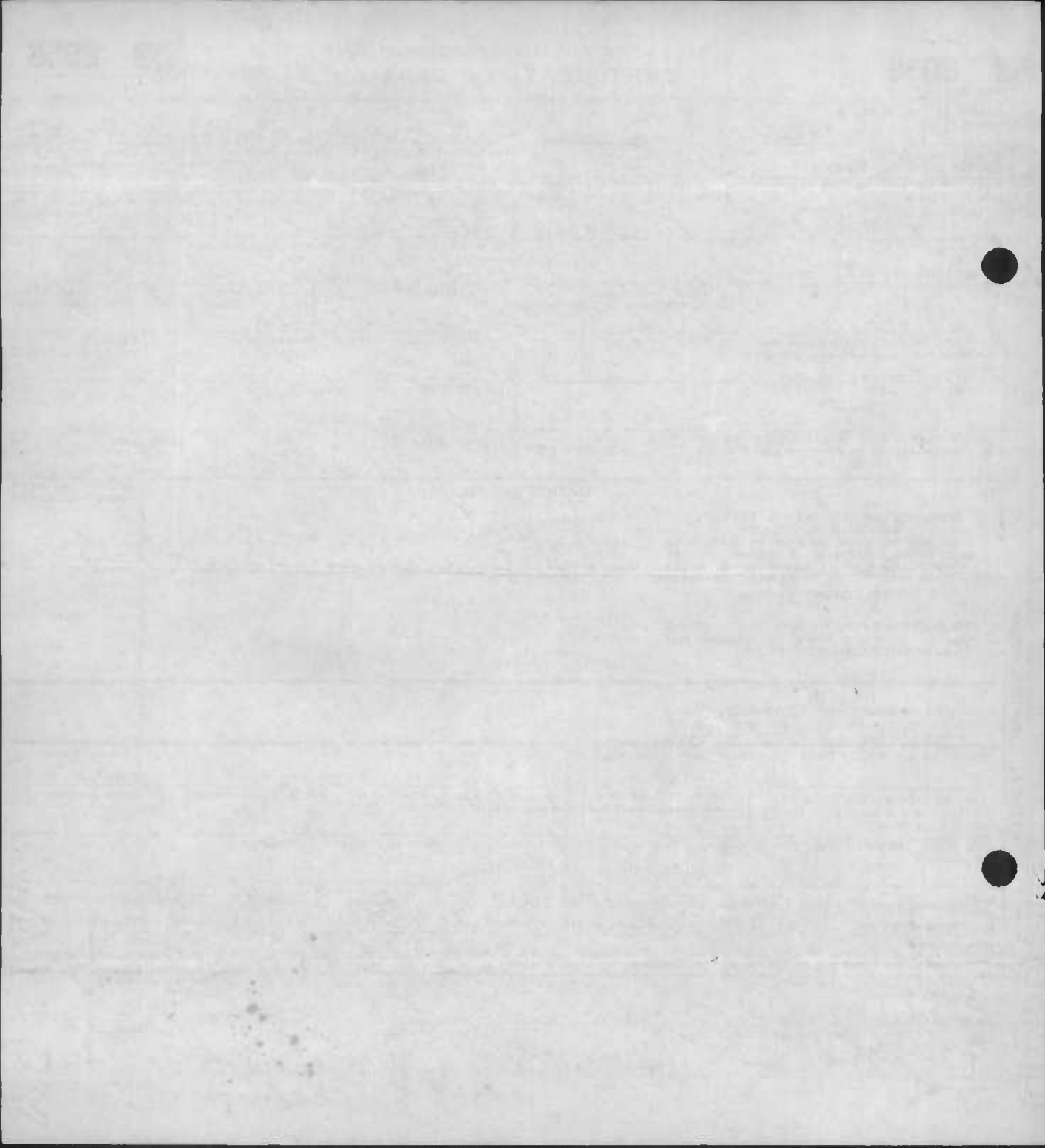
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



430
52 2959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2959
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ida Fleet</i>		2. DATE OF DEATH <i>MAR 24 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Baltimore</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1517 E. Preston St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>2-5-73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		9. AGE (In years last birthday) <i>79</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
13. FATHER'S NAME <i>Lew Murray</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		14. MOTHER'S MAIDEN NAME <i>Anna Ford</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>331X1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>? Cerebral Vascular Accident</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arteriosclerosis</i> DUE TO	<i>years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes & Pneumonia</i>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-21-1952* to *3-24-1952* that I last saw the deceased alive on *3-24-1952* and that death occurred at *11:10 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Carl H. Johnson</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3/25</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/25-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Palmer Park, A. A. County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	FUNERAL DIRECTOR <i>Mar. A. Elliott & Son</i>
VS 150		ADDRESS <i>1129 N. Caroline St.</i>

MEDICAL CERTIFICATION

1950

RECEIVED BY THE DIRECTOR
OFFICE OF THE DIRECTOR

1950

11-29-50
Mr. A. A. Brown
Mr. A. A. Brown
Mr. A. A. Brown

11-29-50

543
52 2960
BIRTH NO. 2960BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2960

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
EDWARD Charles REYNOLDS		March 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
835 W. 36th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Length of stay in Baltimore		Baltimore	
Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
		4034 Roland Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
male	white	Married	July 31, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Clerk		Financing	37
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Baltimore Md.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William A. Reynolds		Louise Rollman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
(If yes, give war or dates of service)			Joseph B. Reynolds 1510 Holbrook Street

18. 4201 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary artery sclerosis
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an — autopsy — thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER.....	23C. DATE SIGNED
William V. [Signature]		March 25, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Burial	March 27, 1952	Cathedral
24D. LOCATION (City, town, or county)	(State)	
Baltimore Maryland		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS
MAR 26 1952	Huntington Williams, M.D.	1210 [Signature] St. 805 N. Calvert St.

630
52 2961BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2961
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Orlando J. Morotti</u>			2. DATE OF DEATH <u>3/25/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2027 Annapolis Boulevard</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>10</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2027 Annapolis Boulevard</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>-----</u>	9. AGE (In years last birthday) <u>About 66</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Joseph Morotti</u>			14. MOTHER'S MAIDEN NAME <u>Fortunati Sichni</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Joseph J. Morotti 3907 Fairhaven Ave.</u>		

18. <u>196X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Carcinoma Thoracic Spine</u> DUE TO (B) <u>Hypernephroma</u> DUE TO (C) <u></u>	INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
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19A. DATE OF OPERATION <u>Dec 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>Hypernephroma Thoracic Spine</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>6-24</u> , 19 <u>50</u> to <u>3-25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>52</u> , and that death occurred at <u>11:30 A</u> m., from the causes and on the date stated above.				
23A. SIGNATURE <u>John P. Unbeck, Jr.</u>		23B. ADDRESS <u>1227 Wash. Blvd</u>		23C. DATE SIGNED <u>3-26-52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>3/28/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 26 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington</u>	25. FUNERAL DIRECTOR <u>H. W. Neale and Son 805 N. Calvert St.</u>	ADDRESS <u></u>
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VS 150

65021

W. S. A.
S. S. A.
S. S. A.
S. S. A.

460
52 2962BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2962
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Betty J. Taylor

2. DATE
OF
DEATH

3-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Hudson

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

3

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-15-52

9. AGE (in years)

27mo 9 days

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hudson, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rev. Joseph Taylor

14. MOTHER'S MAIDEN NAME

MILLICENT BRYANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Congenital cardiac heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Pulmonary atresia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1952, to 3-24, 1952, that I last saw the deceased alive on 3-24, 1952 and that death occurred at 10:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

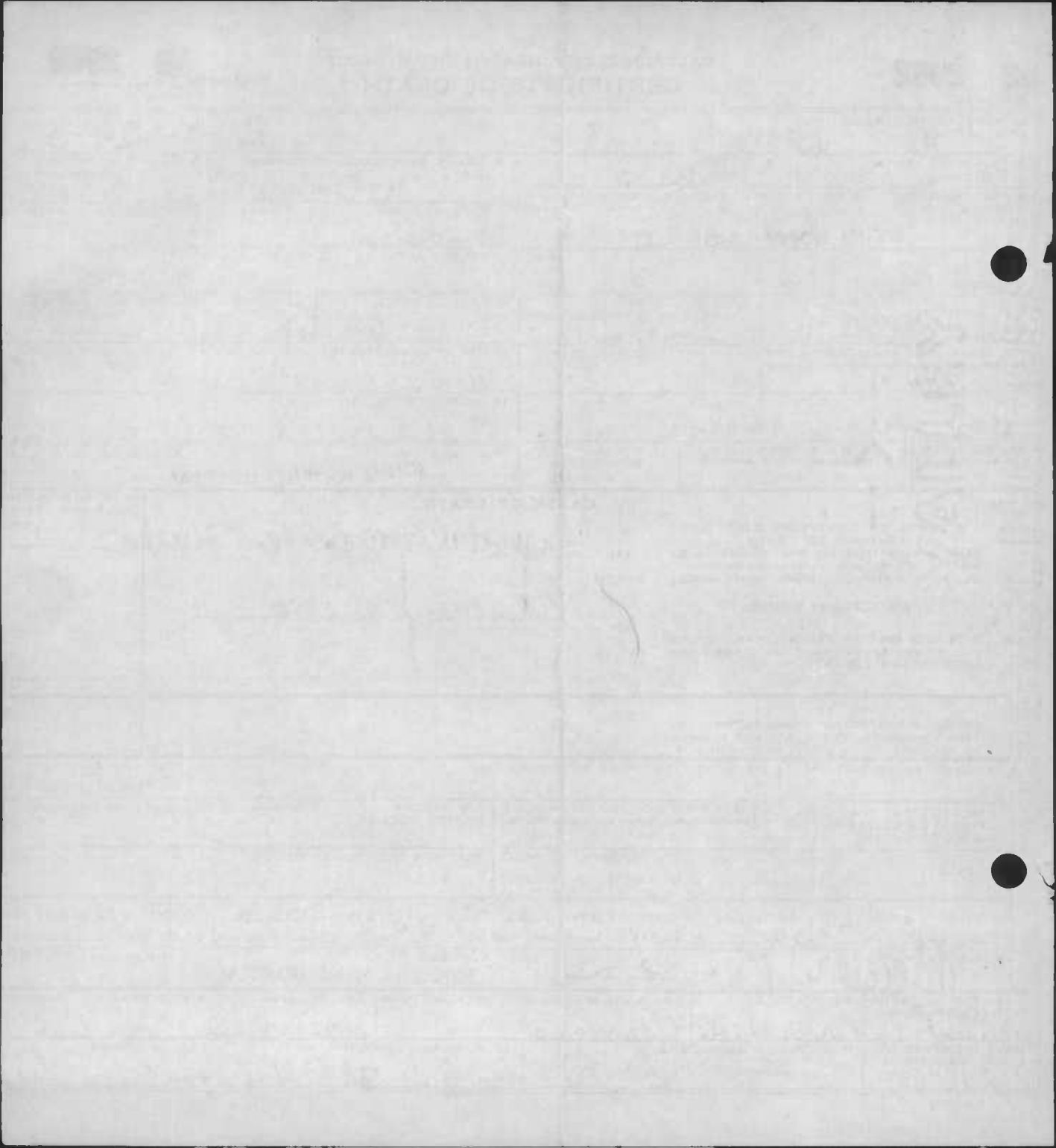
25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1952

Huntington Williams, Jr.

John G. Mitchell Sons 1900 Cutaw Place



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2963**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BRYCE Gilbert MILLER		2. DATE OF DEATH March 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Triangle Hotel-38 S. Hanover St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 12, 1912
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk-Glenn L. Martin Co.	
10a. KIND OF BUSINESS OR INDUSTRY Aircraft Co.		11. BIRTHPLACE (State or foreign country) New Albany, Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joel A. Miller	
14. MOTHER'S MAIDEN NAME Rena Roberts		15. INFORMANT Margaret E. Wilt, sister	
16. SOCIAL SECURITY NO. unknown		ADDRESS	

18. 581.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute purulent meningitis		
ANTECEDENT CAUSES Fatty liver		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. chronic alcoholism		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

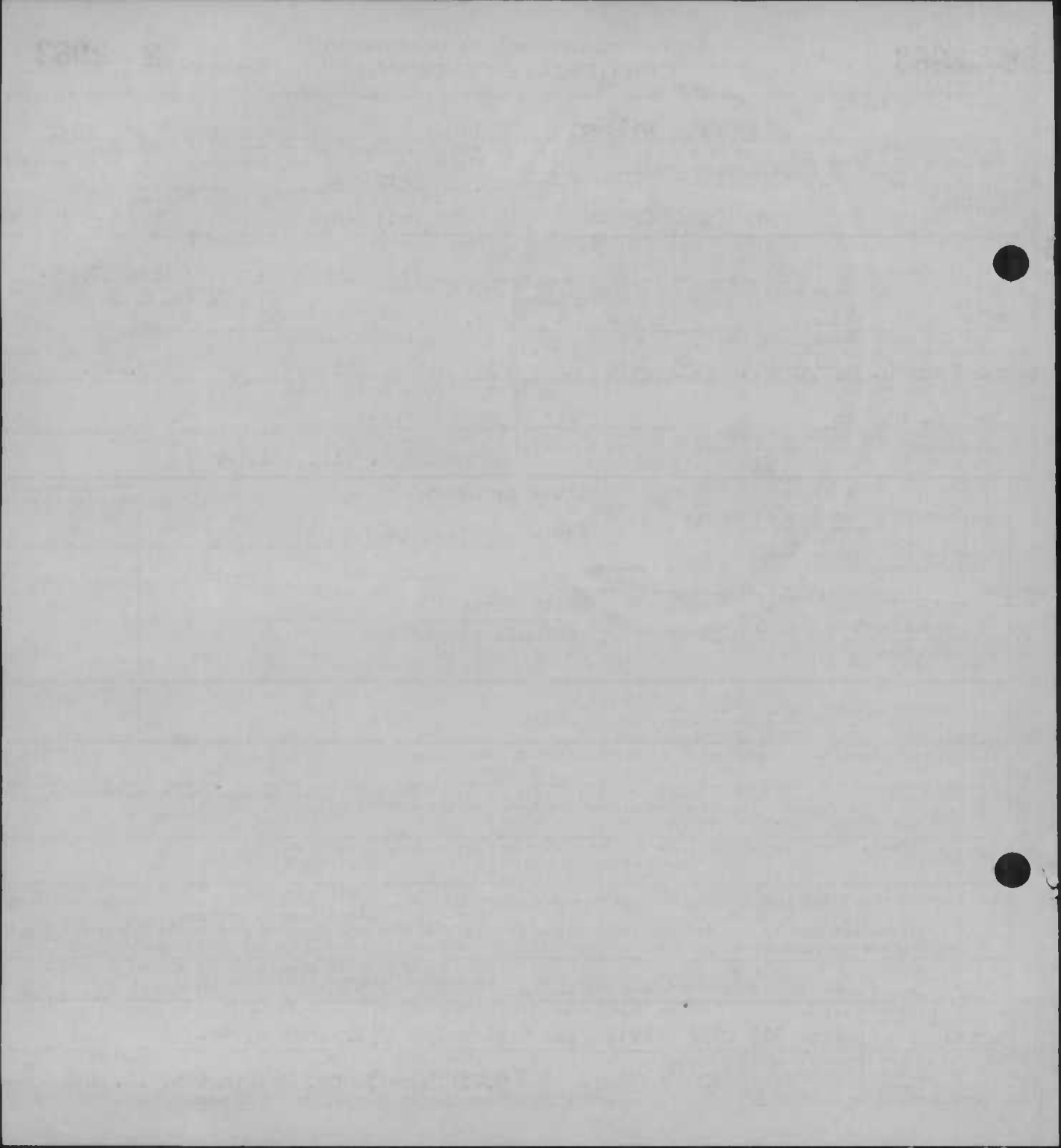
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Durlachen</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 26, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 31, 1952	24C. NAME OF CEMETERY OR CREMATORY Arlington National	24D. LOCATION (City, town, or county) (State) Arlington, Va.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR D.W. Chambers Co.-Washington, D.C. and Riverdale
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2964**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Cameron

2. DATE
OF
DEATH

March 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2305 St. Paul Street

C. CITY OR TOWN

(If outside corporate limits, write full R.A.T. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

811 Madison Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 17, 1864

9. AGE (In years

last birthday)

88

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Ret. Reg. Nurse

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

John C. Russell

14. MOTHER'S MAIDEN NAME

Elizabeth O'Brien

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

John P. Kraft, 5312 Remmel Avenue

18. **45001**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

generalized arteriosclerosis

sev yrs.

DUE TO

also cachexia

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

chronic bronchitis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
m. WORK

NOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 7**, 19**52**, to **March 25**, 19**52**, that I last saw the deceased alive on **March 24**, 19**52**, and that death occurred at **11:25** a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

(State)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

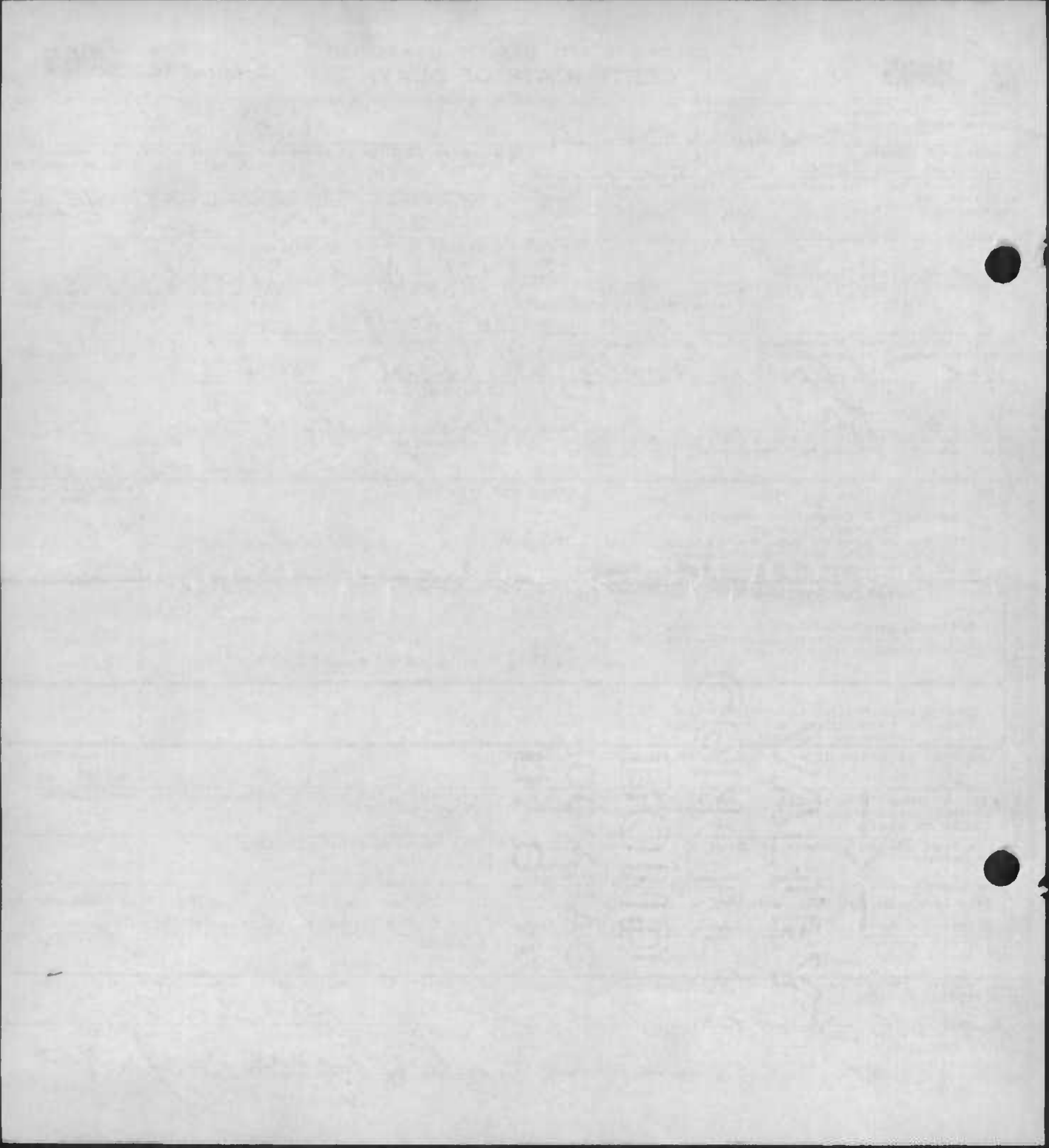
25. FUNERAL DIRECTOR

ADDRESS

Am. Cook Inc.

1217 St. Paul Street

2431 ind.



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 58 2966

242
BIRTH NO. 2966

Anna Mc Allister

1. NAME OF DECEASED
(Type or Print)

Anna Mc Allister

2. DATE
OF
DEATH

3. 26. 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits write RURAL and give township)

Baltimore

25

D. STREET ADDRESS (If rural, give location)

1016 Bristol Place #25

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 29.

9. AGE (in years last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

h.w.

10B. KIND OF BUSINESS OR INDUSTRY

hmr

11. BIRTHPLACE (State or foreign country)

Corneloville Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Moritta

14. MOTHER'S MAIDEN NAME

Anna Stoffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

hmr

17. INFORMANT

Mr. Chas Mc Allister

ADDRESS

1016 Bristol Place

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) here is vascular accident

11 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3. 22, 1952 to 3. 26, 1952 that I last saw the deceased alive on 3. 26, 1952 and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Liu

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

3. 26. 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Morgantown W. Va.

24D. LOCATION (City, town, or county)

Beverly Hills, New Can.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. A. Williams

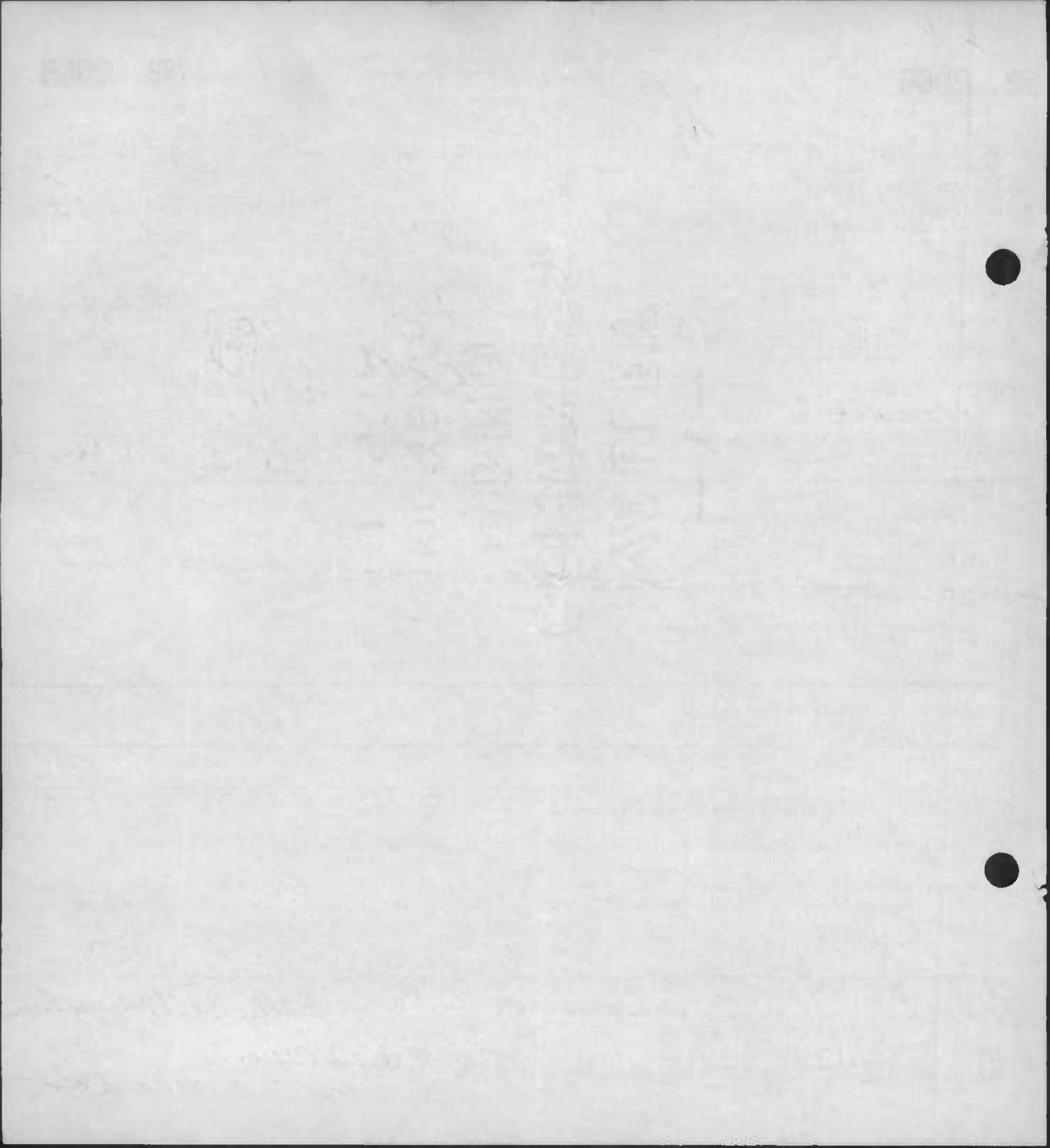
ADDRESS

6067 Hayford Rd

MAR 26 1952

VS 150

MEDICAL CERTIFICATION



263
2 2967BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 4222 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/1952 to 3/24/1952 that I last saw the
deceased alive on 3/22/1952 and that death occurred at 4:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

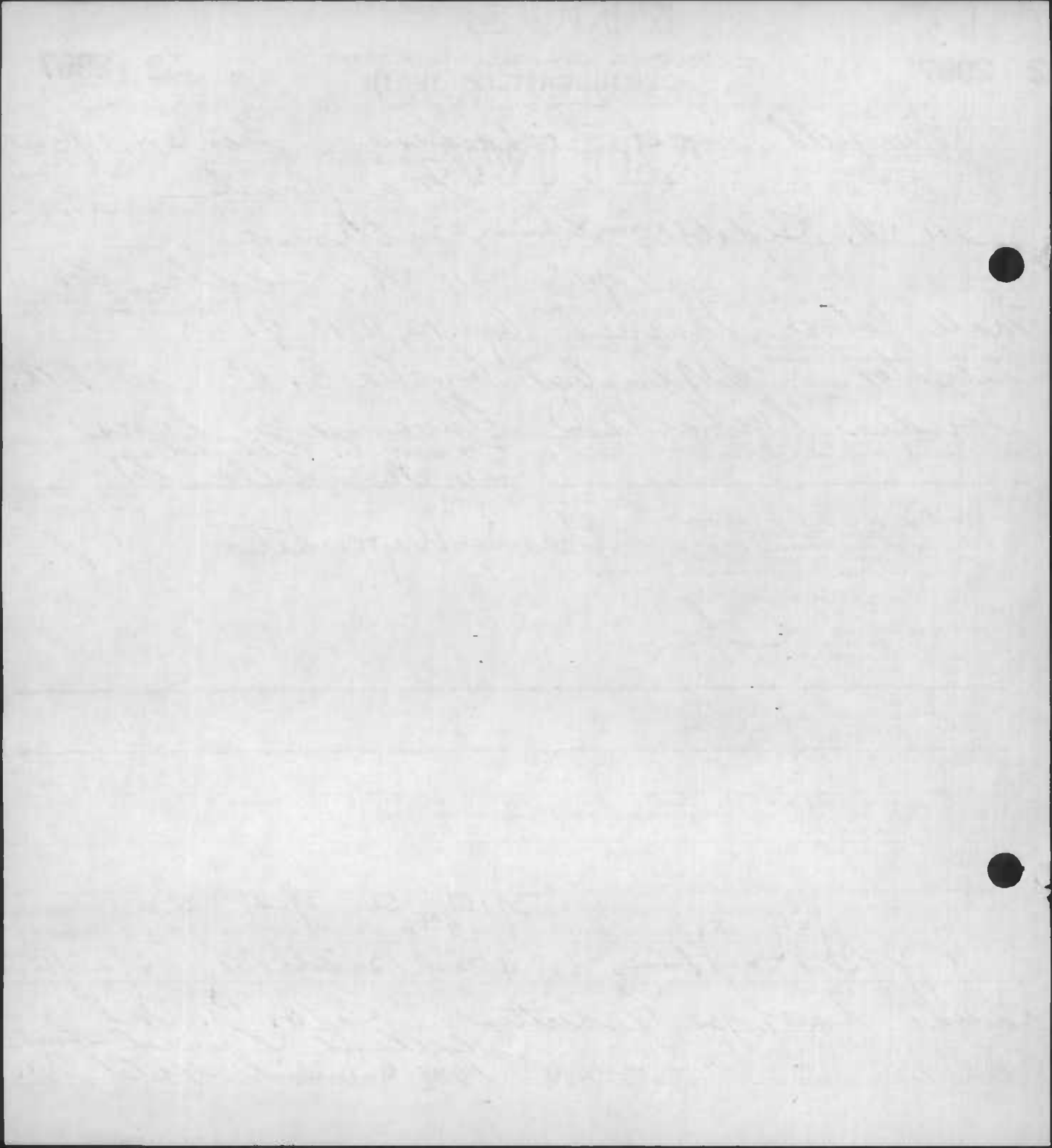
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



452
52 2968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2968

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thomas A. Holmes</i>		2. DATE OF DEATH <i>3-24-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Har</i>	
8. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1140 N. Carrollton Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. Har 16-01</i>	
Length of stay in Baltimore <i>61 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1140 Carrollton Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Apr. 16, 1884</i>
9. AGE (In years last birthday) <i>67</i>	10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.	9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chef</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	
11. BIRTHPLACE (State or foreign country) <i>Caroline Co. Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Louder Richarden</i>		14. MOTHER'S MAIDEN NAME <i>ella Jones</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>1140 N. Carrollton Ave</i>	

18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Apoplexy</i> (A) DUE TO <i>Paralytic</i> (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3/20*, 19*50*, to *3/24*, 19*52*, that I last saw the deceased alive on *3/24*, 19*52*, and that death occurred at *12* m., from the causes and on the date stated above.

23A. SIGNATURE <i>B. R. Hella Sr</i>	23B. ADDRESS <i>2135 D. Hill</i>	23C. DATE SIGNED <i>3-24-52</i>
--------------------------------------	----------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 27, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	24D. LOCATION (City, town, or county) (State) <i>Balt. Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington W. B. 2, Jr.</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>Funeral Home 1681 Druid Hill Ave.</i>	

7546M

MEDICAL CERTIFICATION

1000

1000

1000



536
2-2969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2969

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NANNIE L. HUNTER			2. DATE OF DEATH 3/25/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 117 Rosedale ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-06		
c. Length of stay in Baltimore 13 Yrs. <small>Months Days</small>			D. STREET ADDRESS (If rural, give location) 717 Rosedale ST		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4-6-1871	9. AGE (In years last birthday) 81	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10B. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) BALTIMORE	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME ALBERT G. BERG		
14. MOTHER'S MAIDEN NAME ANNA CONRY			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS R.J. HUNTER 12 Clarendon Ave #8		
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Generalized arteriosclerosis DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 3 days			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-16-50 , 19 50 , to 3-25-52 , 19 52 , that I last saw the deceased alive on 3-23-52 , 19 52 and that death occurred at 11:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Harry S. Dunkel		23B. ADDRESS 2103 Chelmsford		23C. DATE SIGNED 3/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) DORIAL		24B. DATE 3-28-52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) BALTO. MD		25. FUNERAL DIRECTOR CHAS F EVANS & SON			
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 118 W. MT. ROYAL AVE	

MEDICAL CERTIFICATION

2903 Edmondson Ave

536
52 2970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2970

BIRTH NO.			1. NAME OF DECEASED (Type or Print) THOMAS MEREDITH HUNTER			2. DATE OF DEATH MARCH 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE			27-14		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 107 RIDGEWOOD Rd.					
5. SEX M	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH JUNE 15, 1878			9. AGE (In years last birthday) 73	If Under 1 Year: Month: Days: If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COLONEL US ARMY		10B. KIND OF BUSINESS OR INDUSTRY ARMY		11. BIRTHPLACE (State or foreign country) BALTIMORE, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES HUNTER			14. MOTHER'S MAIDEN NAME MARY DEVEREUX					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS		

18. 378x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PERITONITIS, GENERALIZED DUE TO RUPTURED DIVERTICULUM DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) PERITONITIS, GENERALIZED DUE TO (B) RUPTURED DIVERTICULUM DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH ? ?
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MEDICAL CERTIFICATION

19A. DATE OF OPERATION 3-21-52		19B. MAJOR FINDINGS OF OPERATION PERITONITIS, GENERALIZED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MARCH 16, 1952 to MARCH 26, 1952 that I last saw the deceased alive on MARCH 26, 1952 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Richard Beane		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 3/26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/28/52		24C. NAME OF CEMETERY OR CREMATORY GREEN MOUNT	
24D. LOCATION (City, town, or county) (State) BALTO MD		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952		24F. REGISTRAR'S SIGNATURE Huntington Hillman	
24G. FUNERAL DIRECTOR Charles A. Cranshaw		24H. ADDRESS 5959/ 118 W. Mt. Ray & Ave			

1971

1972

1973

1974

1975

512
52 2971BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2971
Registered No.

BIRTH NO. 52-07350

1. NAME OF DECEASED (Type or Print) BABY BOY THOMPSON			2. DATE OF DEATH 3-25-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland CITY			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 5200		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 8448 Rock River Road		
5. SEX M	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-25-52	9. AGE (In years last birthday)	10. Under 1 Year Months: Days 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis H. Thompson			14. MOTHER'S MAIDEN NAME FLORENCE L. Dwyer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 7590 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Unknown Asphyxia due to abnormality of Respiratory Center	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			

22. I hereby certify that I attended the deceased from **3-25-52** 19**52**, to **3-25-52**, 19**52**, that I last saw the deceased alive on **3-25**, 19**52**, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE William R. Holberton	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 3-25-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/27/52	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State) BALTO MD		

DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Charles E. Evans & Son	ADDRESS 118 W. Mt. Ray at Ave.
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OFFICE OF THE ATTORNEY GENERAL

THE OFFICE OF THE ATTORNEY GENERAL
HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF
YOUR LETTER OF THE 14TH INSTANT, IN WHICH YOU
REQUESTED THAT WE ADVISE YOU OF THE
STATUS OF YOUR APPLICATION FOR A
LICENSE TO PRACTICE LAW IN THE
STATE OF NEW YORK. YOUR APPLICATION
IS NOW UNDER CONSIDERATION AND
WE WILL ADVISE YOU OF THE
RESULTS OF OUR REVIEW AS SOON AS
POSSIBLE.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53-2972**

BIRTH NO. **52-2972**

1. NAME OF DECEASED (Type or Print) Charles Harvey BENSON			2. DATE OF DEATH March 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE North Carolina B. COUNTY Y-30		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raleigh N. C.		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-5-1904	9. AGE (In years last birthday) 47	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10B. KIND OF BUSINESS OR INDUSTRY NEWS PAPER	11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES P. BENSON			14. MOTHER'S MAIDEN NAME ADA JOHNSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. G.A. Tillman - Raleigh, N.C.		

18. 377.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Probable acute alcoholism DUE TO	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO
---	--------

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley S. Dureacher M.D.</i>	23B. CHIEF MEDICAL EXAMINER... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED March 26, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 3-26-52	24C. NAME OF CEMETERY OR CREMATORY Oakwood Cmn.	24D. LOCATION (City, town, or county) (State) Raleigh, N.C.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>George C. Tolson</i>	ADDRESS <i>5124M</i>
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1975

1975

10

7-2-1974

10

A.C.

NEW YORK

PRINTER

ADA JOHNSON

T. BROWN

JAMES

ADA Johnson, Chicago, Ill.

James T. Brown

James T. Brown

James T. Brown

James T. Brown

600
8462 29BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 2973
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gilbert J. Perry

2. DATE
OF
DEATH

25 Mar 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONHennaw Rest Home
2601 Roslyn, Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

Md

B. COUNTY

Baltimore

(before admission)

C. CITY OR TOWN

Woodlawn

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

Old Court Road

5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 4, 1887

9. AGE (In years

last birthday)
64 yrs

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Vermont

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Donald Perry, Old Court Rd., Woodlawn

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

cerebral vascular accident

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

hypertensive cardiovascular disease 15 yrs

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Feb, 1940, to 25 Mar, 1952, that I last saw the deceased alive on 24 Mar, 1952, and that death occurred at 2:50 am., from the causes and on the date stated above.

23A. SIGNATURE

Paul H. Royce

M. D.

23B. ADDRESS

Pikesville 8 rd

23C. DATE SIGNED

25 Mar 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24D. LOCATION (City, town, or county)

Randallstown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

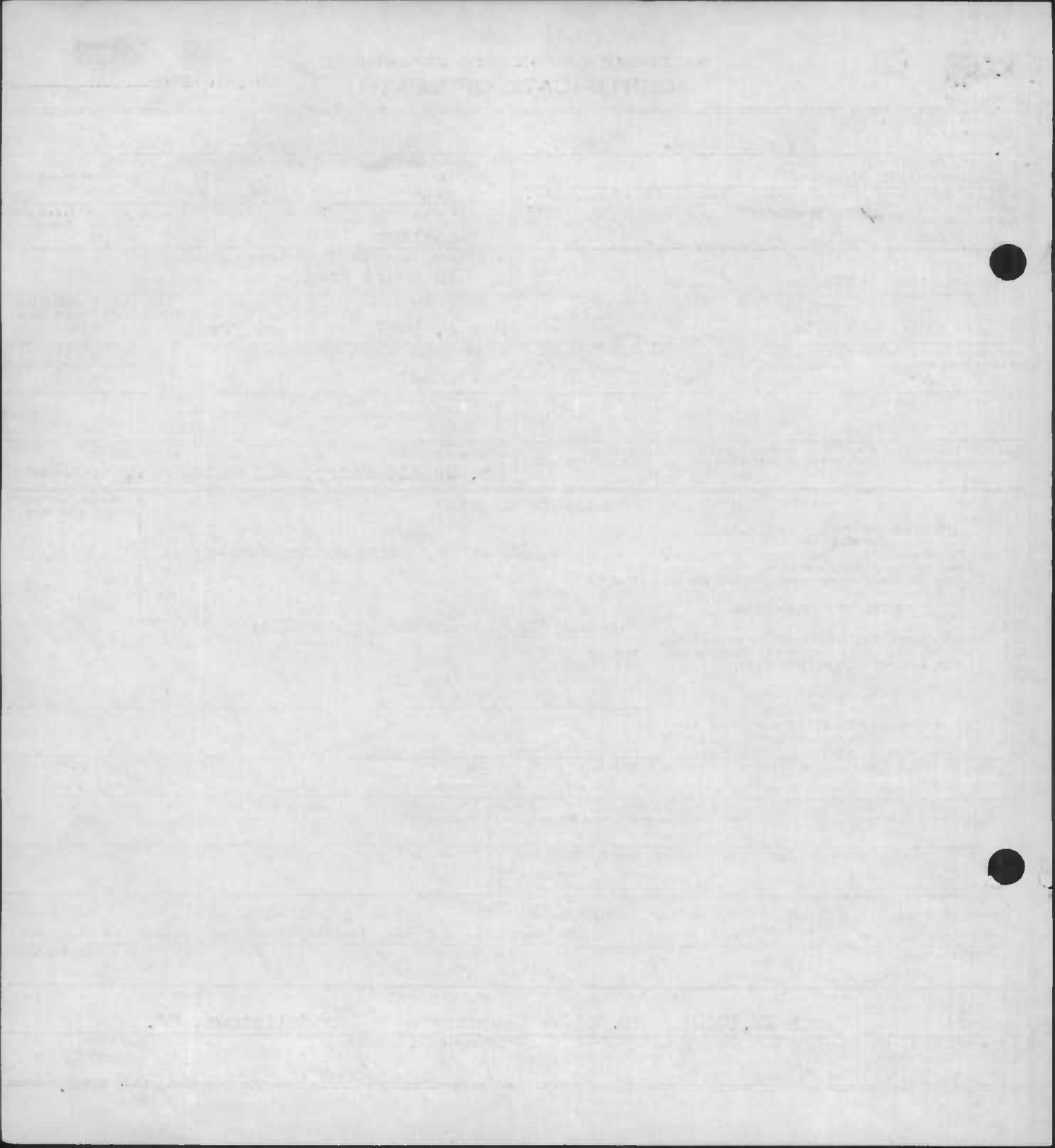
Huntington Williams

25. FUNERAL DIRECTOR

L. Williams

ADDRESS

4510 Liberty Heights Ave.



620
2974

BARESE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2974

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Annie R. Barese		March 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
511 E. Barney St		A. STATE Md B. COUNTY Balto			
5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Balto 24-04			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		511 E. Barney St			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Divorced	Jan 16, 1891	61	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
House lady		General Chemist		Balto	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
John W. Linton		Sarah E. Dolphin		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no				Mrs Nancy T. Johnson 511 E. Barney St	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cerebral Hemorrhage		4 days	
ANTECEDENT CAUSES		(B) Arteriosclerosis		1 yr.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 1, 1951, to March 25, 1952, that I last saw the deceased alive on 3-25, 1952 and that death occurred at 9:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. C. Galloway		707 Fort Ave.		3-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		March 29, 1952		Landon Pl	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
MAR 27 1952		Huntington Williams		Balto Md	
		25. FUNERAL DIRECTOR		ADDRESS	
		J. C. Galloway		14 W. S. B. Center	

MEDICAL CERTIFICATION

1983

20

STANDARD & INDUSTRIAL



536
52 2975BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

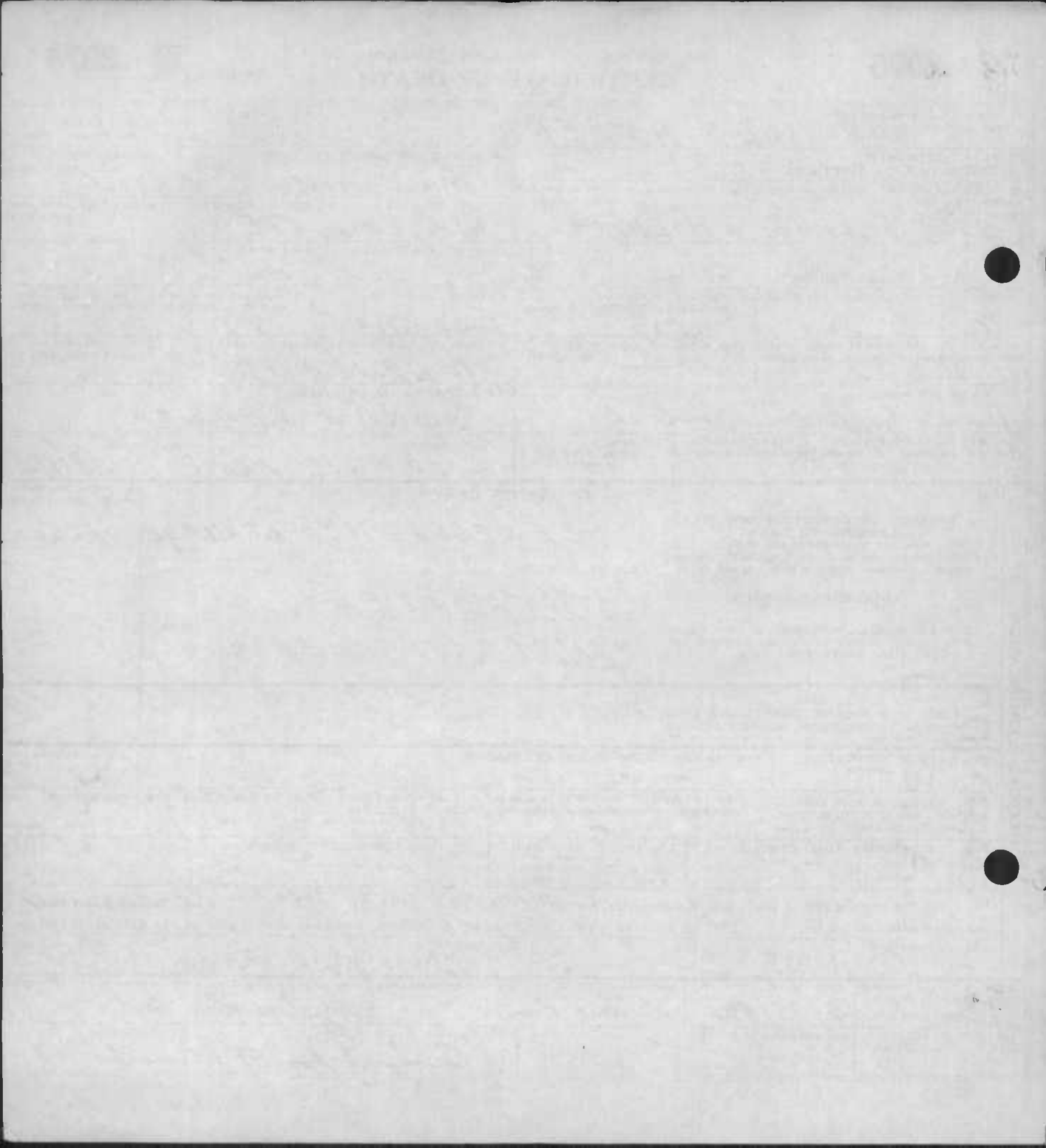
X Registered No. 52 2975

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. REX ANDERS			2. DATE OF DEATH 3/26/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY CARROLL		
5. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WESTMINSTER.		
6. Length of stay in Baltimore None.			D. STREET ADDRESS (If rural, give location) 1 CARROLL ST. 5641		
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Jan 22, 1885	9. AGE (in years last birthday) 67	H Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME Thomas Jefferson Anders			12. CITIZEN OF WHAT COUNTRY? US.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —			16. SOCIAL SECURITY NO. —		
13. FATHER'S NAME Thomas Jefferson Anders			14. MOTHER'S MAIDEN NAME SUSAN BEAMER.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —			16. SOCIAL SECURITY NO. —		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —			17. INFORMANT ADDRESS CHURCH HOME HOSPITAL		

18. 331A DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO HYPERTENSION DUE TO ARTERIOSCLEROSIS	INTERVAL BETWEEN ONSET AND DEATH 5 hr 20 m
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4:00 PM 3/26, 1952 to 7:20 PM 3/26, 1952 , that I last saw the deceased alive on 3/26, 1952 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Banchard		23B. ADDRESS Church Home Hospital		23C. DATE SIGNED 3/26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/29/52		24C. NAME OF CEMETERY OR CREMATORY Kidder Cem.	
24D. LOCATION (City, town, or county) Huntington, Md.		24E. LOCATION (City, town, or county) Huntington, Md.		24F. LOCATION (City, town, or county) Huntington, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952		REGISTRAR'S SIGNATURE Huntington Hollingsworth		25. FUNERAL DIRECTOR H. Banchard	
VS 150				ADDRESS Huntington, Md.	



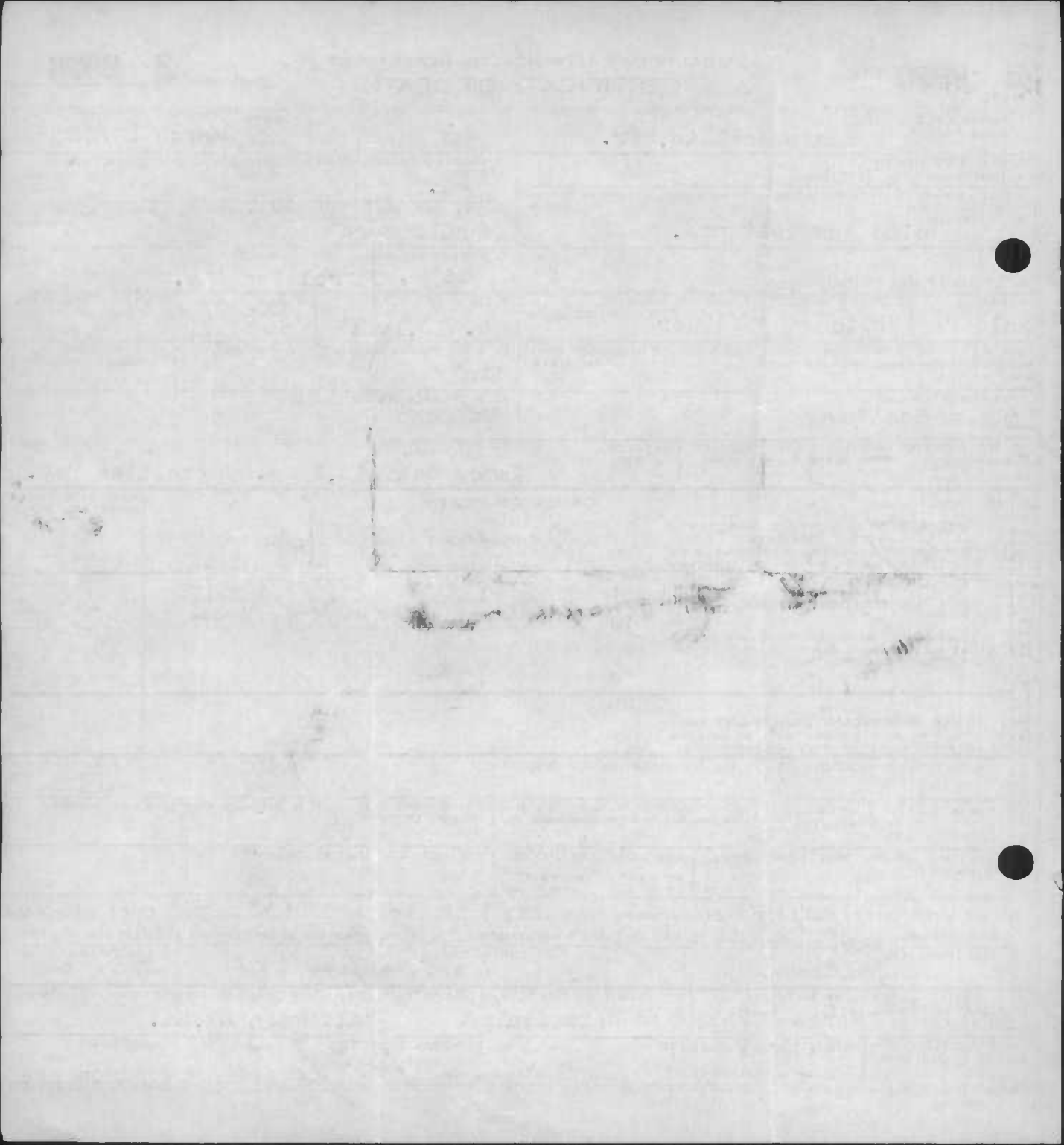
400
52 2976BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2976

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Santo Scallio, Sr.		2. DATE OF DEATH March 24/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4703 Hampnett Ave.		C. CITY OR TOWN (If outside corporate limits, write it URAI, and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 36 S. Carrollton Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 12, 1861	9. AGE (In years last birthday) 90	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy	
13. FATHER'S NAME August Scalia		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS James Scallio, 36 S. Carrollton Ave.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO (A) Arthritis, Rheumatoid, knee ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arthritis, Rheumatoid, knee (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Generalized arteriosclerosis Arthritis, Rheumatoid, knee		INTERVAL BETWEEN ONSET AND DEATH ? !	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 23 , 19 51 , to March 24 , 19 52 , that I last saw the deceased alive on March 24 , 19 52 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Salmon		23B. ADDRESS 6217 Harford Rd		23C. DATE SIGNED 3/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 27/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore 29, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR W. B. W. W. W.		24H. ADDRESS 4101 Edmondson Ave		24I. DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952	

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2977**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lydia A. Hendricks		2. DATE OF DEATH 3/24/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Sisters of the Poor Valley & Preston Sts.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4002 W. Franklin St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 13/75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Jessie Ellsworth		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) England	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Kelly	
18. 331X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-Sclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 7 days 5 yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from March 18, 1952 to March 24, 1952 , that I last saw the deceased alive on March 24, 1952 , and that death occurred at 2 P. m. , from the causes and on the date stated above.	
23A. SIGNATURE E. Gell Hall		23B. ADDRESS 1631 E. North Ave	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 27/52	
24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24D. LOCATION (City, town, or county) (State) Moreland Ave. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952		25. FUNERAL DIRECTOR Huntington Williams	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 4101 Edmondson Ave	

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO. 100-100000

DECEASED: JOHN J. ROY
AGE: 45

DATE OF DEATH: 10/10/1964

PLACE OF DEATH: NEW YORK

CAUSE OF DEATH: HEART DISEASE

DATE OF BIRTH: 10/10/1919

PLACE OF BIRTH: NEW YORK

EDUCATION: HIGH SCHOOL

OCCUPATION: LABORER

RELIGION: CATHOLIC

DATE OF MARRIAGE: 10/10/1940

NAME OF SPOUSE: MARY J. ROY

DATE OF INTERMENT: 10/15/1964

PLACE OF INTERMENT: NEW YORK

623
52 2978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

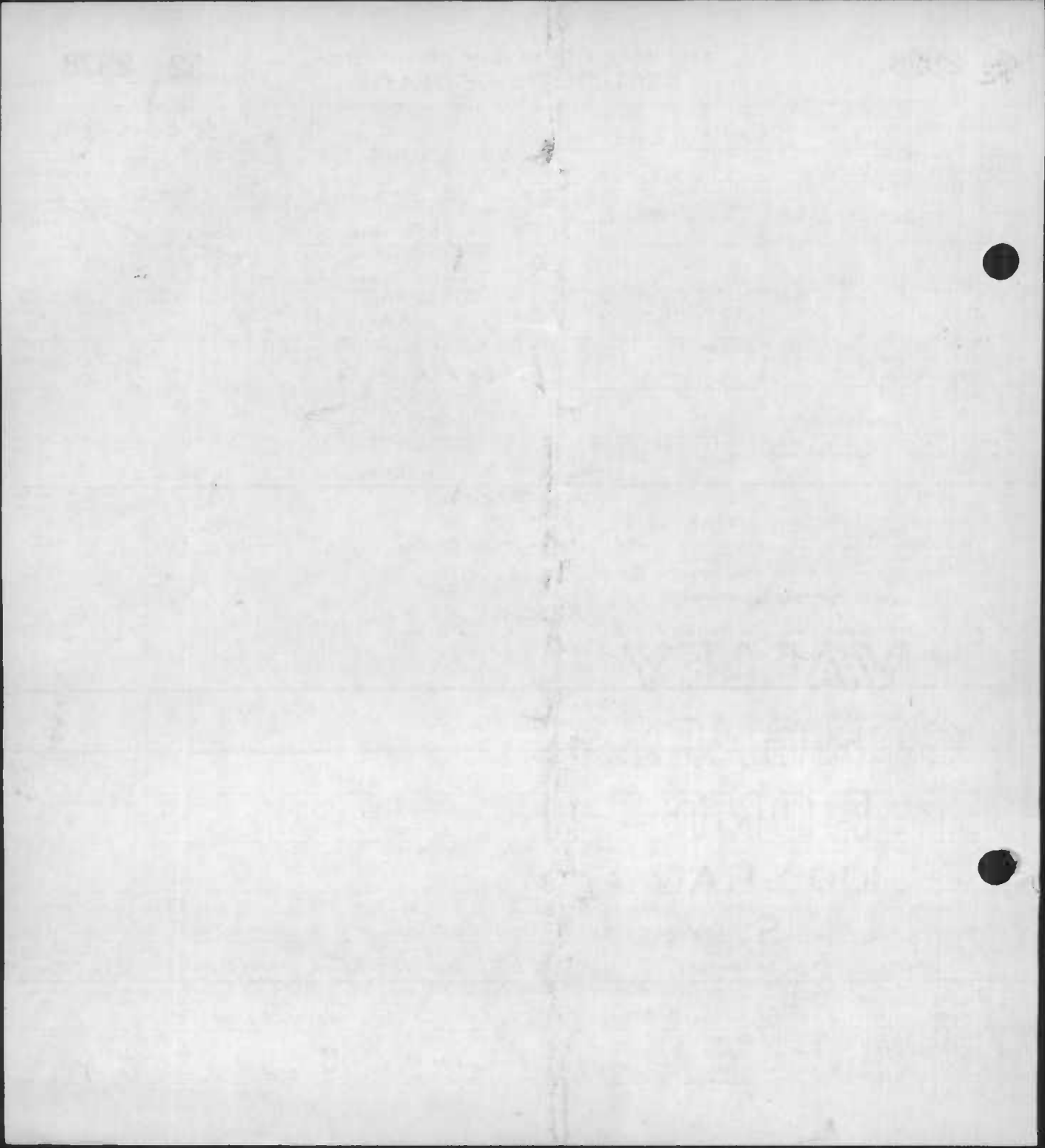
Registered No. 52 2978

1. NAME OF DECEASED (Type or Print) OCIE CRAIG HEAD		2. DATE OF DEATH 26 March 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Lutheran Hospital of Maryland, Inc.		c. CITY OR TOWN (If outside corporate limits, write it (R.R.) and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2860 Woodbrook Ave #17	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3-21-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) 59
13. FATHER'S NAME PAT BLANKENSHIP		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —		14. MOTHER'S MAIDEN NAME ANN ?	
16. SOCIAL SECURITY NO. — No		17. INFORMANT Husband	
		ADDRESS same	

18. 163x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma Rt. lung DUE TO Hemorrhage from CA 1 hr.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 3/26	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/20 , 1952 to 3/26 , 1952 that I last saw the deceased alive on 3/26 , 1952, and that death occurred at 9:50 AM , from the causes and on the date stated above.		
23a. SIGNATURE W. H. R. Kerner	23b. ADDRESS Lutheran Hospital, Baltimore	23c. DATE SIGNED 3/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-26-52	24c. NAME OF CEMETERY OR CREMATORY WILLOWood CEMETERY	24d. LOCATION (City, town, or county) (State) BECKLEY, W. VA
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Ann P. Decker	ADDRESS 5000 Jones Ave Balto md



421
52 2979
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2979

1. NAME OF DECEASED (Type or Print) <i>Mrs. Selma Salkavish</i>		2. DATE OF DEATH <i>3-24-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>ST. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>819 Hollins St.</i>		E. LENGTH OF STAY IN BALTIMORE	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Not known</i>
9. AGE (in years last birthday) <i>76</i>		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Lithuanian</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Kurlanskas</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Anna Geiger</i>		ADDRESS <i>819 Hollins St.</i>	
18. <i>443x I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Vascular Accident</i> DUE TO <i>Hypertensive Arteriosclerosis</i> DUE TO <i>Cardiovascular Disease</i> DUE TO <i>Bilateral Pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/6</i> , 19 <i>52</i> , to <i>3/24</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/24</i> , 19 <i>52</i> , and that death occurred at <i>5:17</i> p. m., from the causes and on the date stated above.		23A. SIGNATURE <i>J. A. Greblanckas Jr.</i>	
23B. ADDRESS <i>1905 E. Pratt St.</i>		23C. DATE SIGNED <i>3/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 27-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>4430 Belair Road</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>J. A. Greblanckas Jr.</i>		ADDRESS <i>1905 E. Pratt St.</i>	

1840

1841

1842

1843

1844

1845

530
52 2980BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2980

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1819 N. Bond st.

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1819 N. Bond st.

8. DATE OF BIRTH

Aug. 13, 1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife (ret.)

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John D. Cunningham

14. MOTHER'S MAIDEN NAME

Mary A. Barringer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mary E. Criddle - 3237 Lyndale Ave. Balto. Md.

CAUSE OF DEATH

18. 592X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) OUE TO

Metastatic Regenerative
OsteoporosisINTERVAL BETWEEN
ONSET AND DEATH

1700

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) OUE TO

Acute Stomach
Necrosis

140

(C) OUE TO

Chronic Salivary Gland
Dysplasia

140

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1952, to March 24, 1953, that I last saw the
deceased alive on March 23, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. Skoons

23B. ADDRESS

2878 Harford Road

23C. DATE SIGNED

3-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

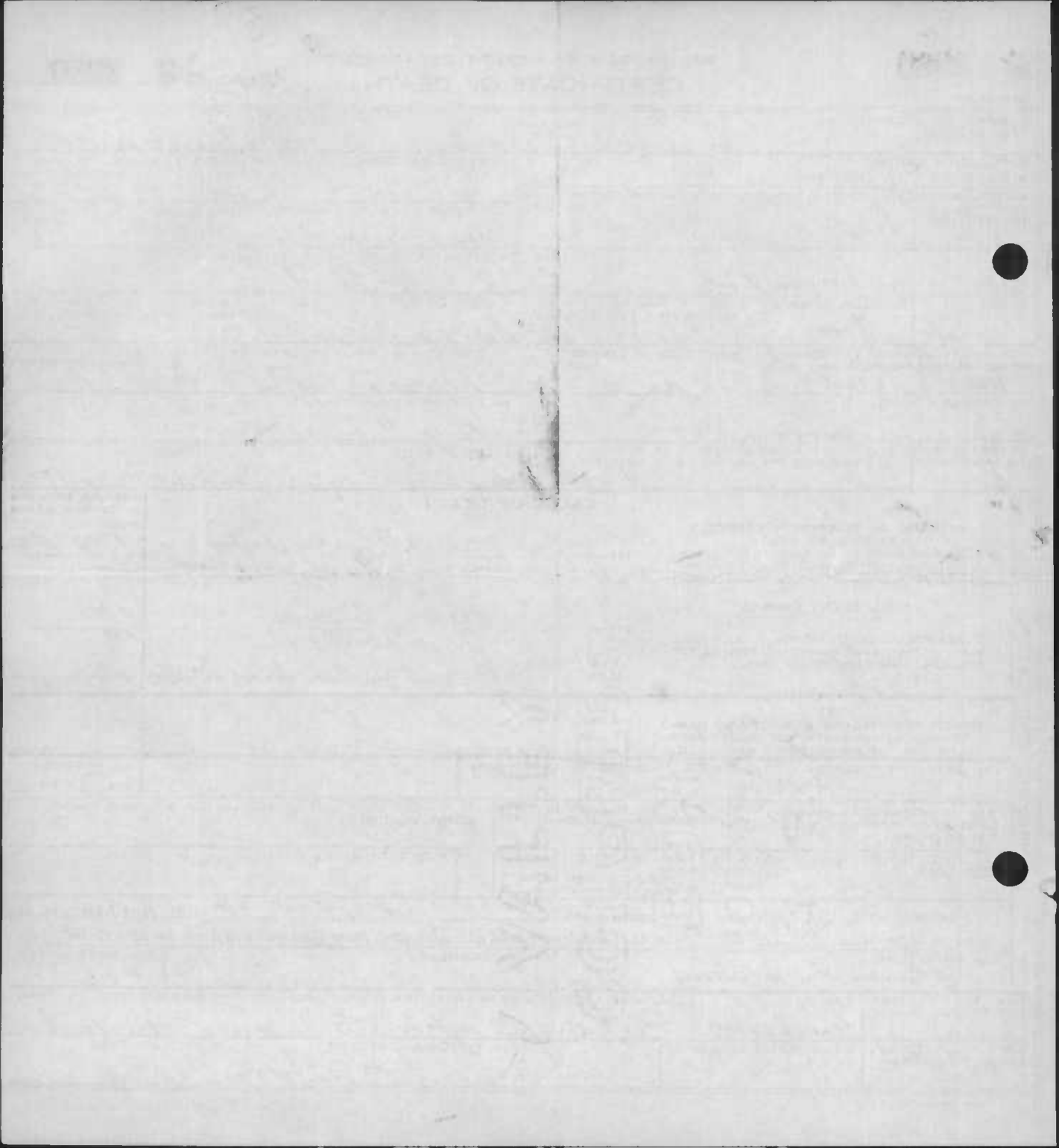
Huntington Williams

25. FUNERAL DIRECTOR

Richard W. Singleton

ADDRESS

Glen Burnie, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 2981**

256
52 2981
BIRTH NO. **52-04526**

1. NAME OF DECEASED (Type or Print) Theresa O'Connor			2. DATE OF DEATH March 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 16-06		
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland			C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE		
C. Length of stay in Baltimore 6 <small>Yrs Mos. Days</small>			D. STREET ADDRESS (If rural, give location) 2952 ARUNAH AVENUE		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB. 18, 1952		9. AGE (In years last birthday) 1 <small>Months Days</small> 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN J. O'CONNOR			14. MOTHER'S MAIDEN NAME MARGARET E. HILL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. —	17. INFORMANT MOTHER		ADDRESS SAME

18. 751X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ARNOLD-CHIARI SYNDROME DUE TO		INTERVAL BETWEEN ONSET AND DEATH 37 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MENINGOMYELOCELE, CONGENITAL DUE TO		
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **February 18, 1952**, to **March 26, 1952**, that I last saw the deceased alive on **March 24, 1952**, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Miriam S. Daly	23B. ADDRESS M. D. Lutheran Hospital	23C. DATE SIGNED Mar. 26, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/27/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR 455 B. Rd. 1217 St. Paul St

173 S

173



622
52 2982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2982

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roselyn Marcus

2. DATE OF DEATH

Mar. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1416 Surr

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

3613 Spaulding Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1-7-15

9. AGE (In years last birthday)

37

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Max Pentone

14. MOTHER'S MAIDEN NAME

Esther Gold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 410X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Mitral stenosis and insufficiency 6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic heart disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-22-52

19B. MAJOR FINDINGS OF OPERATION

Mitral stenosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6 to 3/26, 1952, that I last saw the deceased alive on 3/26, 1952, and that death occurred at 11:55 AM, from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McLean

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 E. Tow Place

ADDRESS

235
52 2983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2983

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Augusta W. Lightner			2. DATE OF DEATH 3/24/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3641 Leo St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3641 Leo St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, '74	9. AGE (In years last birthday) 77	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Wiesner			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT ADDRESS Mrs Louise Madary 3641 Leo St.	

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive - Cardio-Vascular Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan - 1948, to 3/24, 1952, that I last saw the deceased alive on 3/24, 1952, and that death occurred at 70 m., from the causes and on the date stated above.

23A. SIGNATURE <i>Chas. Kallen</i>	23B. ADDRESS 720 Patapsco Ave	23C. DATE SIGNED 3/27/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/27/52	24C. NAME OF CEMETERY OR CREMATORY Immanuel Cemetery
24D. LOCATION (City, town, or county) Grindon Ave.		(State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.
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Dr. Subin

520 Patapam

PU 0456

240
52 2984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2984

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOSHALL, JESSE M

2. DATE
OF
DEATH

3-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

Freeland Md

D. STREET ADDRESS (If rural, give location)

5300

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov 20 1969

9. AGE (In years last birthday)

82

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Freeland Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jesse Hoshall

14. MOTHER'S MAIDEN NAME

Nancy Croh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT

24-48 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

SCROTAL THERMIA

70 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21-52, 19, to 3-27-52, 19, that I last saw the deceased alive on 3-26-52, 19, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry D Perry Jr.

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Mar. 30/52

Indellectown

Balt. Co.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1952

Huntington Williams, Jr.

Jacob Nartenstein

New Freedom

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1000

1000



300
52 2985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2985

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jesse Keith

2. DATE
OF
DEATH

3-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital Balto. Md

C. Length of stay in Baltimore

45-yr

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Md.

Baltimore

D. STREET ADDRESS (If rural, give location)

3021 Elm Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Cotton Duck Mill

8. DATE OF BIRTH

Oct 8 1885

9. AGE (In years last birthday)

66

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Keith

14. MOTHER'S MAIDEN NAME

Emma Webb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

215-07-6760

17. INFORMANT

ADDRESS

Elsie Fisher 3021 Elm Ave

18. 526X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial interstitial fibrosis

Bronchiectasis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Cerebral edema
CPC of liver

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1952, to 3-24, 1952, that I last saw the deceased alive on 3-24, 1952, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James S. Brown

M. D.

23B. ADDRESS

Univ. Hosp. Balto. Md

23C. DATE SIGNED

3/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

March 29-52

24C. NAME OF CEMETERY OR CREMATORY

Aronson Ch

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

814 1/2 36th St

2005

DEPARTMENT OF HEALTH

2005

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
 2. Sex: [illegible]
 3. Age: [illegible]
 4. Date of birth: [illegible]
 5. Place of birth: [illegible]
 6. Date of death: [illegible]
 7. Time of death: [illegible]
 8. Cause of death: [illegible]
 9. Place of death: [illegible]
 10. Signature of physician: [illegible]
 11. Signature of registrar: [illegible]
 12. Signature of informant: [illegible]

13. Name of informant: [illegible]
 14. Address of informant: [illegible]
 15. Signature of informant: [illegible]
 16. Date of completion: [illegible]
 17. Signature of registrar: [illegible]
 18. Signature of physician: [illegible]
 19. Signature of informant: [illegible]
 20. Date of completion: [illegible]

630
52 2986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2986

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE ELSWORTH FORD			2. DATE OF DEATH Mar. 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) U.S. Public Health Service Hospital Wman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1200 Cox Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH 11/23/96		9. AGE (in years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile worker		10B. KIND OF BUSINESS OR INDUSTRY Hooper's Mills	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Ford			14. MOTHER'S MAIDEN NAME Gibran Cox.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. None	17. INFORMATION ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial hypertrophy with passive congestion and edema	CAUSE OF DEATH (A) Myocardial hypertrophy with passive congestion and edema DUE TO (B) Hypertensive cardiovascular disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 25 , 19 52 , to Mar. 25 , 19 52 , that I last saw the deceased alive on Mar. 25 , 19 52 , and that death occurred at 7:15P m. , from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick, Medical Officer in Charge		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 3/26/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 28/52	24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden	24D. LOCATION (City, town, or county) (State) 3900 Roland Ave Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Trusted E. Brown	
		ADDRESS 3818 Roland Ave	

422
52 2987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 2987

1. NAME OF DECEASED (Type or Print) John Fowlkes		2. DATE OF DEATH 3-24-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 25-32	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2924 Round Road		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore - 25	
C. Length of stay in Baltimore 35 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2924 Round Road	
5. SEX MALE	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-10-1890
9. AGE (in years, last birthday) 61 yrs 3 14		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (State or foreign country) Nottaway Co., Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Fowlkes		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) 462		16. SOCIAL SECURITY NO. 220-05-3280	
17. INFORMANT Gladys Fowlkes		ADDRESS same	
18. 59 x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 14 days			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hyper-tensive Heart Disease 24 yrs Chronic Nephritis			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT, SUICIDE, HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
29. I hereby certify that I attended the deceased from March 10, 1952 to March 24, 1952 , that I last saw the deceased alive on March 24, 1952 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.			
30. SIGNATURE Jerry L. Luck		31. ADDRESS 427 Swale Ave	
32. DATE SIGNED 3-24-52			
33. DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952		34. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
35. FUNERAL DIRECTOR 1412 E. Preston St.		ADDRESS 970 99	

MEDICAL CERTIFICATION

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652
AB-113050BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 2989

52 2989
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William P. Kerns			2. DATE OF DEATH 3-12-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 17- 1867	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bernard S. Kerns			14. MOTHER'S MAIDEN NAME Ella Callahan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospital Records: 4940 Eastern Ave.		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiac Vascular Disease: Nephrosclerosis DUE TO C. P. S. of liver	INTERVAL BETWEEN ONSET AND DEATH Unknown 3 or 4 days 15 yrs. 15 yrs.
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19A. DATE OF OPERATION July 6-1950		19B. MAJOR FINDINGS OF OPERATION Excision of skin lesion		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-15-**, **1947**, to **3-12-**, **1952** that I last saw the deceased alive on **3-12-**, **1952**, and that death occurred at **3:30AM**, from the causes and on the date stated above.

23A. SIGNATURE **W. P. Ogan** M. D. **4940 Eastern Ave., Baltimore, Md.** 23C. DATE SIGNED **3-26-1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-27-52	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) Green Hill Rd
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR 22 Baby's Lane 1318 Light St	

000000

RECEIVED

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REA-157187

BALTIMORE CITY HEALTH DEPARTMENT

52 2990

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Watson-Jane

2. DATE
OF
DEATH

March 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

400 E. 22nd Street-18

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 5, 1952

9. AGE (In years)

last birthday

If Under 1 Year

Months: Days

7

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Zeak Carter

14. MOTHER'S MAIDEN NAME

Jane Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records B. C. H. 4940 Eastern Avenue

18. 776 x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-5, 1952, to 3-12, 1952, that I last saw the deceased alive on 3-12, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. S. Boyer

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

3-14-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

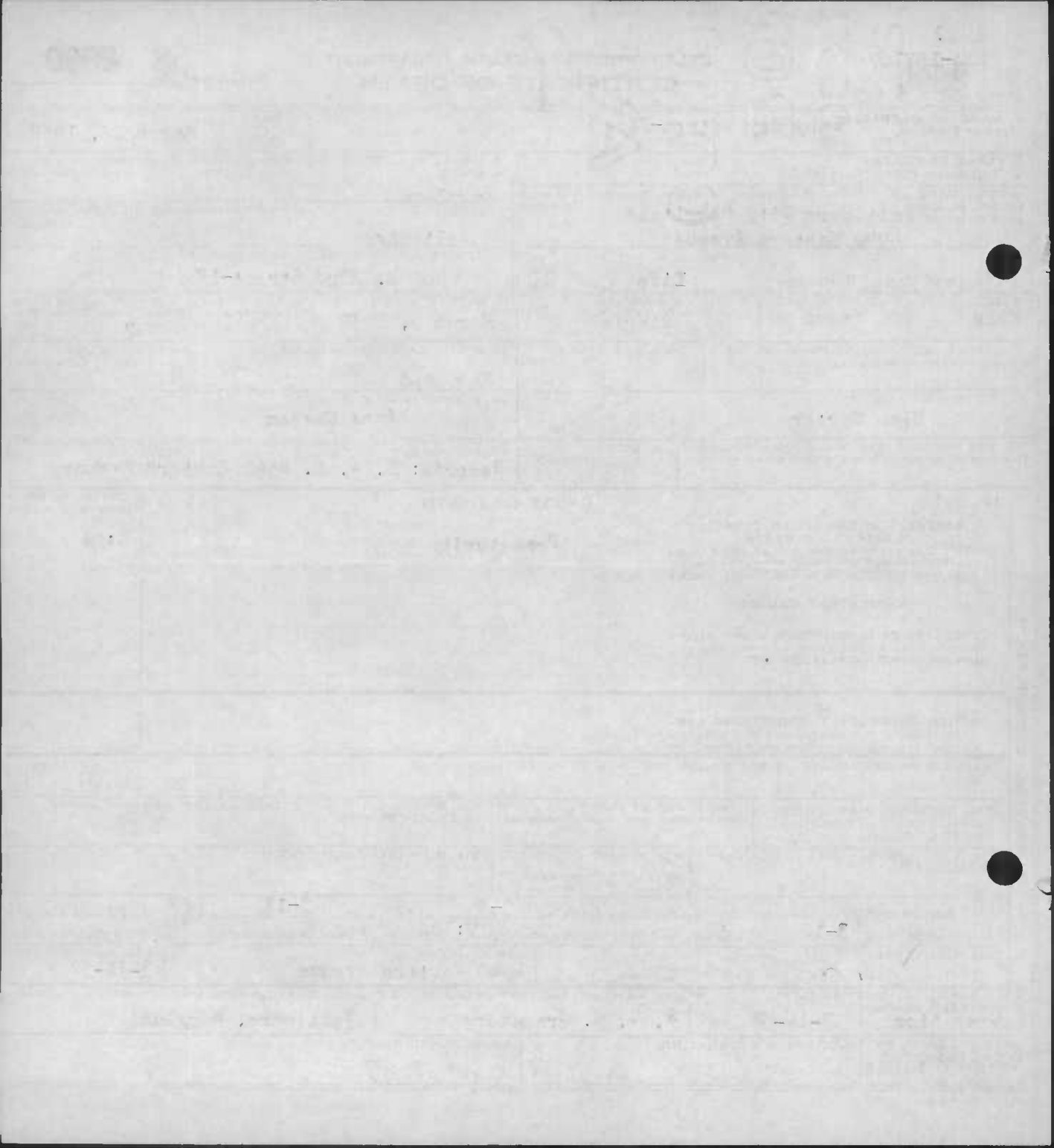
25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1952

Huntington Whitehead, M.D.

2987



200
32 2991BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2991

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Harry H. Fox</i>			2. DATE OF DEATH <i>Mar. 24-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2907 Greenmount</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 9-04</i>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2907 Greenmount Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Nov. 3-1873</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bldg Contractor</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Henry Fox</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Tunney</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Miss Gertrude Fox - Greenmount</i>			ADDRESS <i>2907</i>		

18. *331X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/23</i> , 19 <i>52</i> , to _____, 19____, that I last saw the deceased alive on <i>3/23</i> , 19 <i>52</i> and that death occurred at <i>3:24 am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Kurt Levy</i>		23B. ADDRESS <i>3103 N. Charles St.</i>		23C. DATE SIGNED <i>3/27/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/27/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Life Luck</i>		ADDRESS <i>5305 Hayford Rd.</i>	

Dr. Levy
3103 N. Chulo.

2 46
52 2992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2992

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Adolph Ziegler</i>			2. DATE OF DEATH <i>Mar. 26-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>6028 Old Hayford Rd</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Rural</i>		
6. Length of stay in Baltimore Yrs. <i>10</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>23 Dunkirk Road.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>June 21-1863</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Upholsterer</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>George H. Ziegler</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Farber</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>23 Dunkirk Rd. Mr. Arthur Ziegler</i>	

18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Cardiac Failure</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis & Myocarditis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 10, 1950</i> , to <i>March 26, 1952</i> , that I last saw the deceased alive on <i>March 26, 1952</i> and that death occurred at <i>5:40 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Laurence C. Cook M.D.</i>		23B. ADDRESS <i>6805 York Rd</i>		23C. DATE SIGNED <i>3/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/29/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) (State) <i>Bald Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 1725 2nd St</i>		25. FUNERAL DIRECTOR ADDRESS <i>5305 Hayford.</i>	

Dr. Tosi
6805 York.

300
52 2993BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2993

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB D. OTT

2. DATE
OF
DEATH

Mar. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 1804 Baker St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1804 Baker St.

E. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 25, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bricklayer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Ott

14. MOTHER'S MAIDEN NAME

- Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ruth A. Ott - 1804 Baker St.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Thrombosis Cerebral

72 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Arteriosclerosis

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/1948 to 3/25/1952 that I last saw the
deceased alive on 3/25/1952 and that death occurred at 2 A.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Mendellis

M. D.

23B. ADDRESS

651 N. Buttolph

23C. DATE SIGNED

3/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 27 1952

REGISTRAR'S SIGNATURE

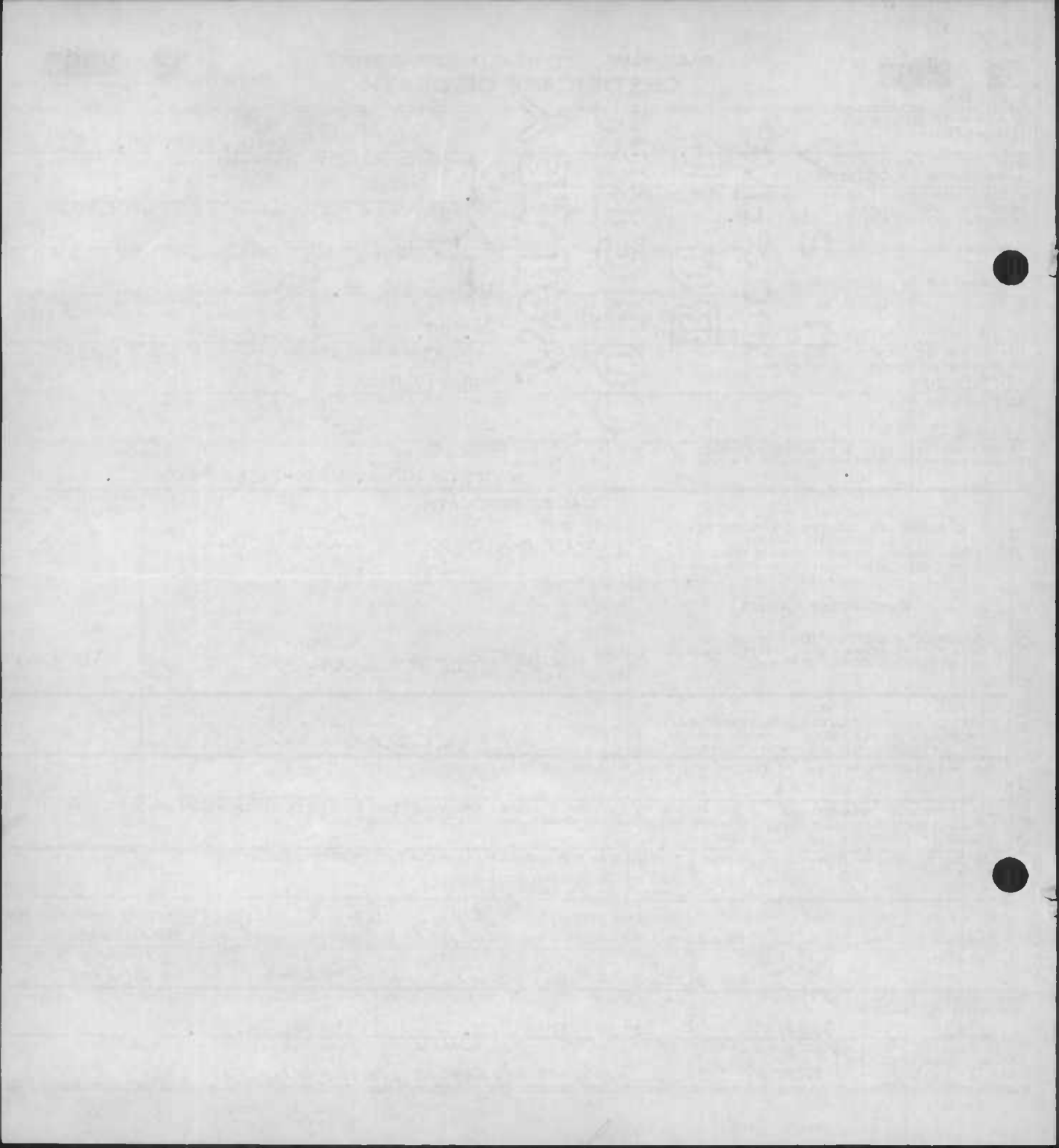
Thurston W. Williams

25. FUNERAL DIRECTOR

Edmond J. Lickner & Sons

ADDRESS

Baltimore Md.



165
52 2994BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2994

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES N. UPPERMAN

2. DATE
OF
DEATH

3-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION *Franklin Square Hospital*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE *Md.* B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
*Baltimore*D. STREET ADDRESS (If rural, give location)
335 E Lorraine Ave

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-20-1887

9. AGE (In years,

last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*?*10B. KIND OF BUSINESS OR
INDUSTRY*City Water Dept.*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

*?**Upperman*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Upperman-335 E. Lorraine Av

18.

331X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis Gen.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-24*, 19*52*, to *3-25*, 19*52*, that I last saw the
deceased alive on *3-25*, 19*52*, and that death occurred at *5* m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3/27/52**Loudon Park Cem.**Balto., Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 27 1952**Huntington Waples**Stan G. Richner & Sons**Balto 17 Md.*

1000

5

THE UNIVERSITY OF CHICAGO

1000

5

OFFICE OF THE DEAN

CHICAGO, ILLINOIS

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526
52 2995BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2995

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah A Linkert

2. DATE

OF
DEATH

March 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

10 Ventnor Lodge

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2009 Cheston Ave.

C. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 7, 1864

9. AGE (In years

last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

- at home

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Dennick

14. MOTHER'S MAIDEN NAME

Anna V. Arnold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harold Linkert - 2009 Cheston Ave.

18. 493X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Auricular Fibrillation

2 days

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1952, to March 26, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1308 E. Putnam Place

Mar 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/29/52

24C. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

24D. LOCATION (City, town, or county)

Dayton, Ohio

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1952

Huntington, William, M.D.

J. J. Lickner & Sons

1955

RECEIVED

STATE OF NEW YORK

1955



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **52 2996**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE

JARDEN

2. DATE OF DEATH **March 26, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)
321 W. Hoffman Street

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

2/26/1914

9. AGE (In years last birthday)

38

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Greensboro, N.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Wes Caldwell

14. MOTHER'S MAIDEN NAME
Goldie Greene

Frances Pinkney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Lrene Perry

(Sister)

ADDRESS
Greensboro N.C.

18. **E96201**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Lobar pneumonia, right upper and middle lobes**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **DUPLICATE**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Scars in brain - old subdural hematoma and adhesions

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
321 W. Hoffman Street

21D. TIME (Month) (Day) (Year) (Hour) of INJURY
April 1, 1948

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down steps - outside

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Stanley A. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED
March 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
3/29/52

24C. NAME OF CEMETERY OR CREMATORY
Maplewood

24D. LOCATION (City, town, or county) (State)
Greensboro N.C.

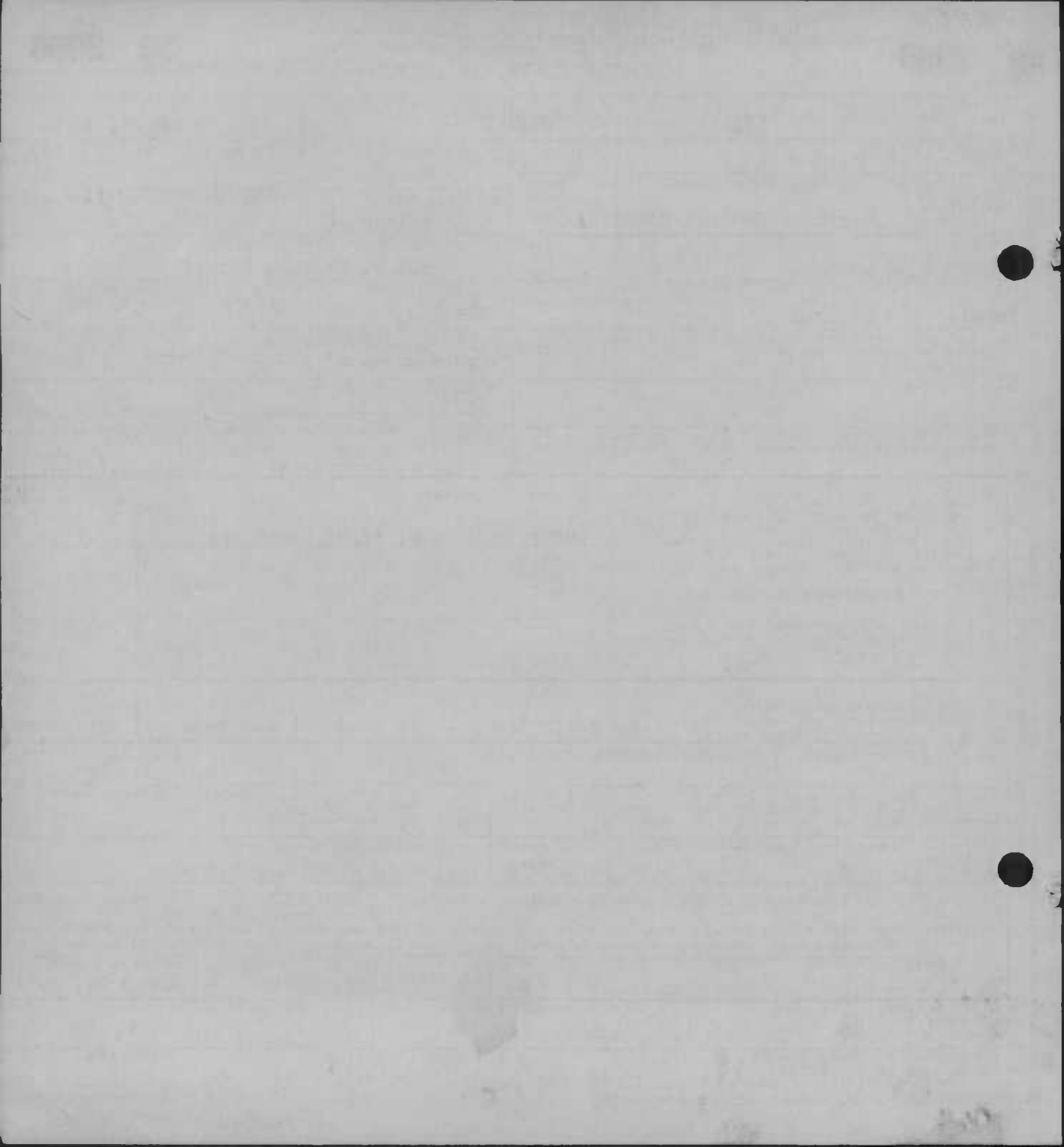
DATE RECEIVED BY LOCAL REGISTRAR
MAR 27 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Hargett Funeral Home

ADDRESS
Greensboro, N.C.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



400
52 2997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 2997
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

SALLEY

2. DATE
OF
DEATH

March 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

704 N. Caroline Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5-24-1911

9. AGE (In years last birthday)

41

10. Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY

TRANSFER CO.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ISAIAH SALLEY

14. MOTHER'S MAIDEN NAME

ELLA DYKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
LLOYD MARCUS 1460 N. CENTRAL AV

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spontaneous tension pneumothorax
DUE TO pulmonary tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-27-52

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county) (State)

A.A. COUNTY, Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr. 1400 York St. Baltimore

25. FUNERAL DIRECTOR

ADDRESS

1025

1025



534
2 2998BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2998

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Montalbano

2. DATE
OF
DEATH

MAR 25 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 26-25

D. STREET ADDRESS (If rural, give location)

6720 Brentwood Ave. DUNDALK MD

E. Length of stay in Baltimore

40 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-7-93

9. AGE (in years
last birthday)

5-8

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipefitter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cinciano-Girgenti (Italy)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Giuseppe Montalbano

14. MOTHER'S MAIDEN NAME

Giovanna Montalbano

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
212-14-0390

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Glomerulonephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23-1952 to 3-25-1952, that I last saw the
deceased alive on 3-25-1952 and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

R E Wells

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 28/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

German Hill Rd. Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 27 1952

Huntington Williams

25. FUNERAL DIRECTOR

Frank Della Valle

ADDRESS

322 S. High St.

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

600
52 2999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2999

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) John Feher	
2. DATE OF DEATH March 24/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes' Hospital Wilkins Ave. & Caton Ave.	
C. Length of stay in Baltimore 45 Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
O. STREET ADDRESS (If rural, give location) 4417 Wilkins Ave. 5300	
5. SEX Male	
6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 24, 1884	
9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	
10B. KIND OF BUSINESS OR INDUSTRY Brandt & Son	
11. BIRTHPLACE (State or foreign country) Hungary	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Feher	
14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Mrs. Elizabeth Feher, 4417 Wilkins Av	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO Coronary occlusion DUE TO Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 15 minutes 8 mos Unknown	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
24. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
26. TIME (Month) (Day) (Year) (Hour) OF INJURY	
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. HOW DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from 22 Aug, 1951 , to 24 MAR, 1952 , that I last saw the deceased alive on 24 MAR, 1952 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.	
30. SIGNATURE Stephen Lee Haines	
31. ADDRESS Catonville 28, Md	
32. DATE SIGNED 3-26-52	
33. BURIAL, CREMATION, REMOVAL (Specify)	
34. DATE March 28 /52	
35. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Balto.	
36. LOCATION (City, town, or county) (State) 29, Md.	
37. DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1952	
38. REGISTRAR'S SIGNATURE Huntington Williams	
39. FUNERAL DIRECTOR 4101 Edmondson Ave	
40. ADDRESS	

50713E

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 3000

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD

NICOLS NICOLS

2. DATE
OF
DEATH

March 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5624 Midwood Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/15/1874

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Cox Business

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Nicols

14. MOTHER'S MAIDEN NAME

Irish Catherine Duker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Everett Nicols

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Denecker

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

March 26, 1952

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

3/29/52

24C. NAME OF CEMETERY OR CREMATORY

Will Crest

24D. LOCATION (City, town, or county)

Federalburg, Caroline, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hamilton Williams

25. FUNERAL DIRECTOR

W. J. Thellogly

ADDRESS

East New Market, Md.

0707 25

0707 25

